Start of New Mexico State of New Mexico Form C.14 Bines Rud, Aue, NM 8210 Energy Minersta and Natural Resources JUN 1 0 2013 Form C.14 Discipling The Control State of New Mexico Department State of New Mexico Image: State of New Mexico Discipling The Control State of New Mexico Department State of New Mexico Image: State of New Mexico Discipling The Control State of New Mexico State of New Mexico Image: State of New Mexico Image: State of New Mexico 1200 South St. Francis Dr., Sana Fe, NM 87300 State of New Mexico Image: State of New Mexico Image: State of New Mexico 1200 South St. Francis Dr., Sana Fe, NM 87300 Closed-Loop System Permit of Closure Plan Application of Closure Plane state removal for clasure place state of New Mexico Image: State of New Mexico 1200 South St. Francis Dr., Sana Fe, NM 87300 Closed Loop System Hai only are above grand state of the senable of Disc ond propase to implement water removal for clasure, place stabul a Form C-144 120 Addees Oo N. MAR IEBREPLD, SUITE 600, MIDLAND, TEXAS 79701 Facility or well mark: CALLAVIAY FEDERAL #002 PN Nubre: Oo 10 South File State Surface Nover: State of New Mexico Surface Nover: State State: Subsection A file 1915.17.11 NMAC	6. 0	i	RECE	VED
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(hat only use above ground steel tanks or haul-off bins and propose to implement watte removal for closure) Type of action: Permit: Closure Instruction: Please submit one application (form C14CE2) per individual closed-loop system request. For any application request short than for a closed-bog system that only use above ground steel tanks or haul-off bins and propase to implement watter removal for closure.) Instruction: Closed-bog system that only use above ground steel tanks or haul-off bins and propase to implement watter removal for closure.) Operator: Closed-bog system that only use above ground steel tanks or haul-off bins and propase to implement watter removal for closure.) Operator: Closed-bog system that only use above ground steel tanks or haul-off bins and propase to implement watter removal for closure.) Operator: Closed-bog System tanks. Operator: Closed-bog System tanks. Closed-bog System: Subsection H of 19.15.17.11 NMAC Surface Ower: Closed-bog System: Subsection H of 19.15.17.11 NMAC Operator: Closed-bog System: Subsection H of 19.15.17.11 NMAC Signed in compliance with 19.15.18 AMAC NMOCCD ARTES/L Signed in compliance with 19.15.18 AMAC NMOCCD ARTES/L Descip Han-based upon the appropriate requirements of 19.15.17.19 NMAC NMOCCD ARTES/L Dispesi Fan-based upon the appropriate	1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Francis Dr.	to the approp	t waste removal for closure, su priate NMOCD District Office.
Type of action: □ Permit S Closure Instruction: Plass submit on a application (Form C14 CLE2) per individual disect-loop system request. For any application requises submit a Form C- locate be applied of this request does not relive the operator of Itability should operations result in pollution of surface ware, ground acted in the viscomment. Not does approval fields environment authority's rules, regulations or end Instruction: CIMAREX_ENERGY_CO_OF_COLORADO OGRID #: _162683 Address: 6.00_N. MARLENFELD_SUITE_6002 Address: 6.00_N. MARLENFELD_SUITE_6002 PAN Number:				
Instruction: Plass submit one application (Form C-144 CLE2) per individual disertations requires the requirement water removal for closure, please submit a Form C- ease be advected that approval of this request does not relieve the operator of liability should operations require in pollution of surface water, ground water of the visuoment. Not does approval relieve the operator of its billity to comply with any other applicable governmental authority index, regulations or odd visuoment. Not does approval relieve the operator of its operativity on the proposed operators require methods authority index, regulations or odd visuoment. CalLAWAY FEDERAL #002 API Number:				movar for closurej
Address: 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701 Facility or well name: CALLAWAY FEDERAL #002 API Number: 30-015-23486 OCD Permit Number: 2/3119 UL, or QWQr _ B Section _ 06 Township _ 16S _ Range _ 28E _ County: EDDY Center of Proposed Design: Latitude _ 06 _ Township _ 16S _ Range _ 28E _ County: EDDY Center of Proposed Design: Latitude _ Tribal Trust or Indian Allotment County: Drilling a new well _ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) PI PA Conter (] Foderal _ State _ Private _ Tribal Trust or Indian Allotment County: Drilling a new well _ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) PI PA Conter (] Prove Ground Steel Tanks or _ Hau-Off Bins Signes: Subsection C of 19.15.17.11 NMAC Coperation: Cach of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached Coperating and Maintenance Plane - based upon the appropriate requirements of 19.15.17.12 NMAC Coperating Advinces Complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC Coerce Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC Coerce 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:	Instructions: Please submit one application (Form C-144 closed-loop system that only use above ground steel tanks of Please be advised that approval of this request does not relieve	CLEZ) per individual closed-loop system or haul-off bins and propose to implement the operator of liability should operations	request. For any applet waste removal for clores result in pollution of s	osure, please submit a Form C-14 urface water, ground water or the
Facility or well name: CALLAWAY PEDERAL #002 API Number: 30-015-23486 OCD Permit Number: Z13119 UL or QuPQtr B Section 06 Township 16S Range 28E County: EDDY Center of Proposed Design: Latitude	· -			
API Number:	Address: 600 N. MARIENFELD, SUI	TE 600, MIDLAND, TE	EXAS 79701	
U/L or QurQur B Section 0.6 Township 1.6.5 Range 2.8.E County: EDDY Center of Proposed Design: Latitude	Facility or well name: <u>CALLAWAY FEDERA</u>	<u>AL #002</u>		
U/L or QurQur B Section 0.6 Township 1.6.5 Range 2.8.E County: EDDY Center of Proposed Design: Latitude	API Number: <u>30-015-23486</u>	OCD Permit Number:	213114	·
Surface Owner: X Federal State Private Tribal Trust or Indian Allotment X X 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) PA Above Ground Steel Tanks or Haul-off Bins X Signer: Subsection C of 19.15.17.11 NMAC Dig 12% 24%, 2° tettring, providing Operator's name, site location, and emergency telephone numbers JUN 1 & 2012 Dig 12% 24%, 2° tettring, providing Operator's name, site location, and emergency telephone numbers JUN 1 & 2012 Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 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 an attached. Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC NMOCD ARTESIA Previously Approved Design (attach copy of design) API Number: Maintenance Plan Previously Approved Design (attach copy of design) API Number: Mol 1-00019 Subsposal Facility Name: CANDY MARLEY Disposal Facility Name: NM 01-00019 Disposal Facility Name: SUNDANCE Disposal Facility Name: NM 01-00003 Will are of the proposed closed-loop	U/L or Qtr/Qtr <u>B</u> Section <u>06</u>	Township <u>165</u> Range <u>28</u>	SE County: E	E D D Y
Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Optiming a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Previously 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signs: Signed in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Signed in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Signed in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Signed in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Signed in compliance with 19.15.16.8 NMAC Mister Removal Closure Permit Application Attachment Checklist: Subscip Previously Approved Operating and Maintenance Plan Previously Approved Operating and Maintenance Plan API Number: Previously Approved Operating and Maintenance Plan API Number: Mol 1-0006 NM 01-0019 NM 01-0009 NM 01-0009 NM 01-0000 NM 01-0006 NM 01-0007 NM 01-0008 NM 01-0009 NM	· · · · · · · · · · · · · · · · · · ·			NAD: 🔲 1927 🔲 198
∑ 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) □ PA ③ Jabove Ground Steel Tanks or □ Haul-off Bins □ ■ ③ Signes: Subsection C of 19.15.17.11 NMAC □ <td>Surface Owner: 🖾 Federal 🗋 State 🗋 Private 🗋 Tribal</td> <td>Trust or Indian Allotment</td> <td></td> <td></td>	Surface Owner: 🖾 Federal 🗋 State 🗋 Private 🗋 Tribal	Trust or Indian Allotment		
Sequence of the proposed closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13 NMAC) Minumeric Call Sequence for the proposed closed-loop System S and associated activities occur on or in areas that will not be used for future service and operations: Search Ageliared for impacted areas which will not be used for future service and operations: Search Ageliared for Subsection For Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Soli Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Design Specifications Age Specification Certifications Herey Design Specifications Design Specification Design Specificati	3. Signs: Subsection C of 19.15.17.11 NMAC [X] 12"x 24", 2" lettering, providing Operator's name, site	location, and emergency telephone num	ibers	JUN 18 2012
Concerned points for the propriation relation of the appropriate requirements of 19:15:17:179 NMAC Instructions: Each of the following items must be attached to the appropriate requirements of 19:15:17:11 NMAC Design 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) API Number: Previously Approved Design (attach copy of design) API Number: State 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. CANDY MARLEY Disposal Facility Name: Disposal Facility Name: SUNDANCE Disposal Facility Name: SUNDANCE Sum Yes (If yes, please provide the information below) No No Reequired for impacted areas which will not be used for future service and operations: Susposal Facility Name: Site Reclamation Plan - based upon the appropriate requirements of Subsection H of 19:15:17:13 NMAC Beautified for impacted areas which will not be used for future service and operations: Site Reclamation Plan - based upon the appropriate requirements of Subsection H of	Signed in compliance with 19.15.16.8 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 NME NM 01-0019 Disposal Facility Name: CRI Disposal Facility Permit Number: NM 01-0006 Disposal Facility Name: SUNDANCE Disposal Facility Permit Number: NM 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: Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Required for impacted areas which will not be used for future service and operations of Subsection Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Disposal Facility 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 Signature: Date: 06/06/12	Instructions: Each of the following items must be attach attached. Design Plan - based upon the appropriate requirement Operating and Maintenance Plan - based upon the a Closure Plan (Please complete Box 5) - based upon Previously Approved Design (attach copy of design)	thed to the application. Please indicate, ents of 19.15.17.11 NMAC appropriate requirements of 19.15.17.12 the appropriate requirements of Subsec API Number:	by a check mark in t NMAC	he box, that the documents are
Disposal Facility Name: SUNDANCE Disposal Facility Permit Number: NM 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 opera Yes (If yes, please provide the information below) No Required for impacted areas which will not be used for future service and operations: No Soit 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 Intervent of the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): DAVID A . EYLER Signature: Date: 06/06/12	Instructions: Please indentify the facility or facilities for	<u>I Utilize Above Ground Steel Tanks or</u> r the disposal of liquids, drilling fluids a	Haul-off Bins Only and drill cuttings. Us	e attachment if more than two
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 Interest of the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): DAVID A. EYLER Signature: Date: 06/06/12			-	
☐ 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 ☐ Deperator Application Certification: 1 hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print):	Dippositi i ettili j ettili i i i i i i i i i i i i i i i i i		-	· · · · · · · · · · · · · · · · · · ·
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 Deperator Application Certification: 1 hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print):	Will any of the proposed closed-loop system operations ar Yes (If yes, please provide the information below)	nd associated activities occur on or in are	eas that will not be us	ed for future service and operation
Operator Application Certification: 1 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 Signature: Date: 06/06/12	 Soil Backfill and Cover Design Specifications ba Re-vegetation Plan - based upon the appropriate reconstruction 	ased upon the appropriate requirements of uirements of Subsection I of 19.15.17.13	3 NMAC	9.15.17.13 NMAC
Signature: Date: 06/06/12	 6. <u>Operator Application Certification</u>: I hereby certify that the information submitted with this a 	pplication is true, accurate and complete	to the best of my know	owledge and belief.
	Name (Print):	Title:	AGENT	
2-mail address: devler@milagro-res.com Telephone 432 687 3033				
	Signature:,	Date:	06/06/1	2

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ورد: بورد:					
7. OCD Approval: A Permit Application (including closure plan) Closure P OCD Representative Signature: OCD Representative Signature: Title: 1 ST	Plan (only) Approval Date:				
8. <u>Closure Report (required within 60 days of closure completion)</u> : 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: 06/05/13				
9. 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 where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. GAN DY MARLEY NM 01-0019 Disposal Facility Name: RB 60 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 arcas that will not be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) X No Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Revegetation Application Rates and Seeding Technique Revogetation Application Rates and Seeding Technique Set					
10. 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 Signature: Date: 06/06/13					
e-mail address: deyler@milagro-res.com	Telephone: <u>432.687.3033</u>				

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