District I
1625.N. French Dr., Hobbs, NM 88240
District II
1301 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

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.

Operator: OXX USIA TMC.	OGRID#: 16696			
Operator: OKX USH INC. OGRID #: 16696 Address: P.O. Box 50250 M: 26470 000000000000000000000000000000000000				
Facility or well name: Sundance & Federal #1				
API Number: 30-015-27228 OCD Permit Number: 212451				
U/L or Otr/Otr C Section B Township 245 Range 31E County: Eddy				
U/L or Qtr/Qtr County: Eddy Center of Proposed Design: Latitude 32.23714 Longitude 103.60143 NAD: 21927 1983				
Surface Owner: 🗹 Federal 🗌 State 🗋 Private 🗋 Tribal Trust or Indian Allotment				
2.				
Closed-loop System: Subsection H of 19.15.17.11 Ni	•			
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)				
Above Ground Steel Tanks or Haul-off Bins				
<i>s</i> . Signs: Subsection C of 19.15.17.11 NMAC	Γ	RECEIVED		
12"x 24", 2" lettering, providing Operator's name, site l	ocation, and emergency telephone numbers	DCT 25 2013		
Signed in compliance with 19.15.16.8 NMAC				
4.		NMOCH ARTESIA		
Closed 100p Ofsteins Permit Application Protection D of 17/19/17/2 Milline				
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 requiremen				
 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) API Number:				
Previously Approved Operating and Maintenance Plan API Number:				
5.				
Waste 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.				
Disposal Facility Name:				
Disposal Facility Name: Disposal Facility Permit Number:				
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> 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 re				
6. 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):	Title:			
	Date:			
e-mail address:				
Form C-144 CLEZ	Telephone: Oil Conservation Division	Papertof?		

two facilities were utilized. Disposal Facility Name: Mm-01-0004 Disposal Facility Name: Disposal Facility Permit Number: Mm-01-0004 Disposal Facility Name: Disposal Facility Permit Number: Mm-01-0004 Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Pres (If yes, please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operations: Stite Reclamation (Photo Documentation) Stite Reclamation Application Rates and Seeding Technique Moreator Closure Certification: I hereby certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Max: Signature: Max: OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied Denial Date: OCD Representative Signature: Approval Date:	1-4-				
Title: OCD Permit Number: 2/24/51/ Consure 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 Date:	<u>OCD Approva</u>l: Permit Application (including closure plan) Closure	Plan (only)			
Title: OCD Permit Number: 2/24/51/ Consure 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 Date:	OCD Representative Signature:	Approval Date: 10/25/13			
Characterization Characterization Constructions: 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 obtain an approved closure plan prior to implementing any closure activities. Please do not complete this section of the form until an approved closure for Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: * Closure Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: * Closure Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: * Closure Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: * Closure Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: * Disposal Facility Name: Disposal Facility Permit Number: DM-01-0004 Disposal Facility Name: Disposal Facility Permit Number: DM-01-0004 Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Stee Regarding Permit Number: DM-01-0004 Soil Backfillity not be used of future service and operations: Siste Reclamation (Photo Documentation) Siste Reclamation (Photo Documentation) Siste Reclamation (Photo Documentation) Siste Reclam	Title:	OCD Permit Number: 2/245/			
Cosure 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. Disposal Facility Name: Disposal Facility Permit Number: 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) Site Reclamation (Photo Documentation) Site Reclamation Application Rates and Seeding Technique 0 Operator Closure Certification: 1 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. 1 also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Juide: Steward: Steward: Signature: Date: 10[222[3] e-mail address: date: Steward: Steward: 0 Steward: Steward: Steward: Steward: 0 Steward:	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. IT Closure Completion Date: $4[23](2)$				
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) Site Reclamation Application Application Rates and Seeding Technique new 10. Operator Closure Certification: 11. 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. 1 also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Juid Stewart Title: Sp. Pesculation Signature: Date: Io[zal[3] e-mail address: daid _ Stewart & Operator Closure Approved (upon approved closure plan) OCD Representative Signature: Approval 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.				
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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): Image: Interpretent termination and attachments submitted with this closure requirements and conditions specified in the approved closure plan. Name (Print): Image: Interpretent termination and attachments submitted with this closure requirements and conditions specified in the approved closure plan. Name (Print): Image: Interpretent termination and attachments submitted with this closure requirements and conditions specified in the approved closure plan. Signature: Interpretent termination and attachments submitted with this closure requirements and conditions specified in the approved closure plan. e-mail address: Interpretent termination and attachments submitted with this closure plan) Interpretent termination and attachments submitted with this closure plan) Interpretent termination approved closure plan) Interpretent termination approved (upon approved closure plan) Interpretent termination approved closure plan) Interpretent termination approved closure plan) Interpretent termination approved closure plan) Interpretent termination approved closure plan) Interpretent termination approved termination approved terminatis approved termination approved termination approved ter	 Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation 				
e-mail address: david_Stavart@DY.com Telephone: <u>432-6655-5717</u> II. OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied Denial Date: OCD Representative Signature: Approval Date:	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.				
e-mail address: david_Stawart@DXY.com Telephone: <u>432-665-5717</u> II. OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied Denial Date: OCD Representative Signature: Approval Date:	Name (Print): David Stewant	Title: Sp. Regulatory Advisor			
11. OCD Closure Review: Closure Approved (upon approved closure plan) □ Closure Denied Denial Date: OCD Representative Signature: Approval Date:	Signature: Vai Stat	Date: 10/22/13			
Closure Denied Denial Date: OCD Representative Signature: Approval Date:	e-mail address: david_Stewant@DKY.com	Telephone: 432-685-5717			
OCD Representative Signature: Approval Date:		Denial Date:			
Title: OCD Permit Number:	Title:				

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