District I 1625 N. French Dr., Hobbs, NM 88240 District H 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 July 21, 2008
losed-loop systems that only use above

Form C-144 CLEZ

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 s	should operations result in pollution o	f surface water, ground water or the	е .	
environment. Nor does approval relieve the operator of its responsibility to comply wit	h any other applicable governmental a	authority's rules, regulations or ord	inances.	
Operator: Cimarex Energy Co.	OGRID #: 262683			
Address: 600 N. Marienfeld Street, Suite 600; Midland, TX 79701	, , , , , , , , , , , , , , , , , , ,			
Facility or well name: Scoter 6 Federal 2H				
API Number: 30-015-39788 OCD Permit Number: U/L or Qtr/Qtr P Section 6 Township 25S Range 27E Court	No Permit	_		
U/L or Otr/Otr P Section 6 Township 258 Range 27E Cou	ntv: Eddy			
Center of Proposed Design: Latitude 32' 09' 14.795" N Longitude 104'				
Surface Owner: ⊠ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotm			٠.	
Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: ☑ Drilling a new well ☐ Workover or Drilling (Applies to activities ☐ Above Ground Steel Tanks or ☑ Haul-off Bins	s which require prior approval of a p		&A	
Signs: Subsection C of 19.15.17.11 NMAC		RECEIVED		
12"x 24", 2" lettering, providing Operator's name, site location, and emergence	cy telephone numbers	NOV 08 2013		
Signed in compliance with 19.15.3.103 NMAC.	,		•	
4.		NMOCD ARTESIA		
Closed-loop Systems Permit Application Attachment Checklist: Subsection Instructions: Each of the following items must be attached to the application. attached. □ Design Plan - based upon the appropriate requirements of 19.15.17.11 NM □ Operating and Maintenance Plan - based upon the appropriate requirement □ Closure Plan (Please complete Box 5) - based upon the appropriate require □ Previously Approved Design (attach copy of design) API Number: □ Previously Approved Operating and Maintenance Plan API Number:	Please indicate, by a check mark in AC s of 19.15.17.12 NMAC ments of Subsection C of 19.15.17			
Waste Removal Closure For Closed-loop Systems That Utilize Above Groun Instructions: Please indentify the facility or facilities for the disposal of liquids facilities are required.				
Disposal Facility Name: CRI	Disposal Facility Permit Number	: NM-01-0006		
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 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				
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): Aricka Easterling	-	_		
Signature:	Date:			
e-mail address: aeasterling@cimarex.com	Telephone: 918-5	60-7060		

7. OCD ∯pproval: ☐ Permit Application (including closure plan) 🏿 Closure Plan (only)			
OCD Representative Signature:	Approval Date:		
Title:	OCD Permit Number:		
8. 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: 7/14/13			
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.			
Disposal Facility Name: R360 Disposal Facility Name:	Disposal Facility Permit Number: NM-01-0006 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 operated Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:		
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): Aricka Easterling	Title: Regulatory Analyst		
Signature: Micka Costuling	Date:11/7/2013		
e-mail address: aeasterling@cimarex.com	Telephone: _918-560-7060		