District 1 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. OGRID #: <u>229137</u> Operator: <u>COG Operating LLC</u> Address: One Concho Center 600 W. Illinois Ave, Midland, TX 79701

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Facility or well name:	Dodd Federal Unit #586

API Number: <u>30-015-40598</u> OCD Permit Number: <u>213323</u> U/L or Qtr/Qtr _____ Section _____ Township _____17S Range ____29E County: Eddy

Longitude ______ NAD: 1927 1983 Center of Proposed Design: Latitude

Surface Owner: X Federal X 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 or notice of intent)	🗌 P&A
🗌 Above Ground Steel Tanks or 🛛 Haul-off Bins	

3.	NM OIL CONSERVATION
Signs: Subsection C of 19.15.17.11 NMAC	ARTESIA DISTRICT
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers	DEC 1.5 2014
Signed in compliance with 19.15.3.103 NMAC	DEC 10 LON

A. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC	RECEIVED
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.	
\square 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 main based upon the appropriate requirements of 19:19:17:12 minito
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: ____

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 indentif facilities are required.	y the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two
Disposal Facility Name:	Disposal Facility Permit Number:

Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	Disposal Facility Permit Number:

Will any of the proposed closed-loop system operations and associated activities of	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 1 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: L

Telephone:

Name (Print):

L	itle	20	

Signature:

e-mail address:

Date:

Form C-144 CLEZ

Oil Conservation Division

Signature: Date: 12/12/14	Aist I Sha la				112202	
Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure reports creatived 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 Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Hins Only: Instructions: Please indentify the facilities for where the liquids, drilling fluids and drill cuitings were disposed. Use attachment if more we facilities were utilized. Disposal Facility Name:	Title: A Opasse	· · · · · · · · · · · · · · · · · · ·	OCD P	ermit Number:	~133~	
Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or HauLoff Bins Only: Instructions: Please indentify the facility of facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more wo facilities were utilized. Disposal Facility Name:	Instructions: Operators are required to obtain an app The closure report is required to be submitted to the d	proved closure plan p livision within 60 day	rior to implem s of the compl	enting any closure a etion of the closure a	activities. Please do not	
Instructions: Please indentify the facility of facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more wo facilities were utilized. Disposal Facility Name:CRIDisposal Facility Permit Number:R1966Disposal Facility Name:CMI_NCDisposal Facility Permit Number:711-019-001 Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Were (If yes, please demonstrate compliance to the items below) ⊠ No Recurred for impacted areas which will not be used for future service and operations:Still Reclamation (Photo Documentation)Still Reclamation Application Rates and Seeding Technique a. Disposal Facility 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):Chasity Jackson Title:Regulatory Analyst		<u> </u>	🖾 CI	osure Completion D	ate: 11/25/14	
Disposal Facility Name:GM INCDisposal Facility Permit Number:711-019-001 Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations? By the classe 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) Soit Backfilling and Cover Installation Revegetation Application Rates and Seeding Technique between the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and obelief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print):Chastity Jackson Tritle:Regulatory Analyst	Instructions: Please indentify the facility or facilities					
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) Soit Backfilling and Cover Installation Reveceptation Application Rates and Seeding Technique 0 0 Operator Closure Certification: 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): Chasity Jackson Signature:				al Facility Permit Nu	mber: <u>R1966</u>	
□ Yes (If yes, please demonstrate compliance to the items below) ⊠ No Bequired for impacted areas which will not be used for future service and operations: □ Soil Backfilling and Cover Installation Becaured for impacted areas which will not be used for fiture service and operations: □ Soil Backfilling and Cover Installation Becaured Certification: 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): Chasity Jackson Title: Regulatory Analyst signature: Date: 12/12/14 -mail address: _cjackson@concho.com Telephone: 432-686-3087	Disposal Facility Name: GM INC		Dispos	al Facility Permit Nu	mber: <u>711-019-(</u>	001
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 or Deparator Closure Certification: 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): Chasity Jackson Signature:				that will not be used f	for future service and op	perations?
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9. Derator Closure Certification: 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): Chasity Jackson Signature: Date: 12/12/14 e-mail address: cjackson@concho.com	 Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation 					
Operator Closure Certification: 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): Chasity Jackson Title: Regulatory Analyst Signature:						
belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Chasity Jackson Title: Regulatory Analyst Signature: Quarter Date: 12/12/14 e-mail address: cjackson@concho.com Telephone: 432-686-3087						
Name (Print): Chasity Jackson Title: Regulatory Analyst Signature: QQQQ Date: 12/12/14 e-mail address: cjackson@concho.com Telephone: 432-686-3087	hereby certify that the information and attachments su	ومعادمة فللتنبيط بسلمه والمعامة				
Signature: <u>CHAWA</u> Date: <u>12/12/14</u> e-mail address: <u>cjackson@concho.com</u> Telephone: <u>432-686-3087</u>						
e-mail address: Telephone:432-686-3087	belief. I also certify that the closure complies with all a					
e-mail address: Telephone:432-686-3087		applicable closure req	uirements and	conditions specified	in the approved closure	plan.
	Name (Print): <u>Chasity Jackson</u>	applicable closure req	uirements and Title:	conditions specified <u>Regulatory Analy</u>	in the approved closure	plan.
	Name (Print): <u>Chasity Jackson</u> Signature: <u>Claulinn</u>	applicable closure req	uirements and Title:	conditions specified <u>Regulatory Analy</u> Date: <u>12/12/14</u>	in the approved closure	plan.
	Jame (Print): <u>Chasity Jackson</u> Signature: <u>CJUUJJM</u>	applicable closure req	uirements and Title:	conditions specified <u>Regulatory Analy</u> Date: <u>12/12/14</u>	in the approved closure	plan.
	lame (Print): <u>Chasity Jackson</u> ignature: <u>CJUUSM</u>	applicable closure req	uirements and Title:	conditions specified <u>Regulatory Analy</u> Date: <u>12/12/14</u>	in the approved closure	plan.
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	Name (Print): <u>Chasity Jackson</u> Signature: <u>Claulion</u> e-mail address: <u>cjackson@concho.com</u>	applicable closure req	uirements and Title: Telephone: _	conditions specified <u>Regulatory Analy</u> Date: <u>12/12/14</u> <u>432-686-3087</u>	in the approved closure	plan.
	Jame (Print): <u>Chasity Jackson</u> Signature: <u>JAUJAM</u> -mail address: <u>cjackson@concho.com</u>	applicable closure req	uirements and Title: Telephone: _	conditions specified <u>Regulatory Analy</u> Date: <u>12/12/14</u> <u>432-686-3087</u>	in the approved closure	plan.
	Name (Print): <u>Chasity Jackson</u> Signature: <u>JUUUUUU</u> -mail address: <u>cjackson@concho.com</u>	applicable closure req	uirements and Title: Telephone: _	conditions specified Regulatory Analy Date: <u>12/12/14</u> 432-686-3087	in the approved closure	plan.
	Name (Print): <u>Chasity Jackson</u> Signature: <u>Clauliform</u> -mail address: <u>cjackson@concho.com</u>	applicable closure req	uirements and Title: Telephone: _	conditions specified Regulatory Analy Date: <u>12/12/14</u> 432-686-3087	in the approved closure	plan.
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