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:  $\square$  Permit  $\square$  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: COG OPERATING LLC OGRID #: 229137
Address: 550 WEST TEXAS, SUITE 100 MIDLAND, TX 79701
Facility or well name: OUIMET STATE COM #3H
API Number: 30-015- 40418 OCD Permit Number: 213112
U/L or Qtr/Qtr UL H Section 2 Township 17S Range 29E County: EDDY
Center of Proposed Design: Latitude <u>N/A</u> Longitude <u>N/A</u> NAD: 1927 1983
Surface Owner: 🔲 Federal 🔀 State 🗌 Private 🗌 Tribal Trust or Indian Allotment
<ul> <li>2.</li> <li>Closed-loop System: Subsection H of 19.15.17.11 NMAC</li> <li>Operation: Drilling a new well D Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&amp;A</li> <li>Above Ground Steel Tanks or Haul-off Bins</li> </ul>
3 Signs: Subsection C of 19.15.17.11 NMAC
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
Signed in compliance with 19.15.3.103 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.
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: CRI Disposal Facility Permit Number: R1966
Disposal Facility Name: GM_INC Disposal Facility Permit Number: 711-019-001 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 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): Kacie Connally Title: PERMITTING TECH
Signature: Kalu Connally Date: 4-17-2012
e-mail address: <u>kconnally@concho.com</u> Telephone: <u>432-221-0336</u>

<u>OCD Approva</u> l: Permit Application (including closure plan) Closure P	lan (only)				
OCD Representative Signature:	Approval Date: <u>6/25//2</u>				
Title: Dist I Supern	Approval Date: <u>6/25//2</u> OCD Permit Number: <u>2/3//2</u>				
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of a section of the form until an approved closure plan has been obtained and the cl	to implementing any closure activities and submitting the closure report. he completion of the closure activities. Please do not complete this				
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, driv two facilities were utilized.	lling fluids and drill cuttings were disposed. Use attachment if more than				
Disposal Facility Name:	Disposal Facility Permit Number:				
Disposal Facility Name:					
Were the closed-loop system operations and associated activities performed on on Yes (If yes, please demonstrate compliance to the items below)	in areas that will not be used for future service and operations?				
Required for impacted areas which will not be used for future service and operate         Site Reclamation (Photo Documentation)         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique	ions:				
<ul> <li>10.</li> <li>Operator Closure Certification:</li> <li>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.</li> <li>Name (Print): Title:</li> </ul>					
Signature:	Date:				
e-mail address:	Telephone:				

## Closed Loop Operation & Maintenance Procedure

All drilling fluid circulated over shaker(s) with cuttings discharged into roll off container.

Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll off container.

Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.

Roll off containers are lined and de-watered with fluids re-circulated into system.

Additional tank is used to capture unused drilling fluid or cement returns from casing jobs.

This equipment will be maintained 24 hrs./day by solids control personnel and or rig crews that stay on location.

Cuttings will be hauled to either:

CRI (permit number R9166) or GMI (permit number 711-019-001)

dependent upon which rig is available to drill this well.



## **Crescent Directional Drilling**

Planning Report

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## **Crescent Directional Drilling**

Planning Report



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