## State of New Mexico Energy Minerals and Natural Resources Department



Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505



Form C-144 June 24, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.

For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

## Pit, Closed-Loop System, Below-Grade Tank, or Proposed Alternative Method Permit or Closure Plan Application OCD ARTESIA

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	ystem, below-grade tank, or proposed alternative method system, below-grade tank, or proposed alternative method			
	adividual pit, closed-loop system, below-grade tank or alternative request			
Please be advised that approval of this request does not relieve the operator of lia	bility should operations result in pollution of surface water, ground water or the			
environment Nor does approval relieve the operator of its responsibility to com	ply with any other applicable governmental authority's rules, regulations or ordinances.			
Operator: COG OPERATING LLC				
Address: 550 WEST TEXAS, SUITE 1300 MIDLAND, TX 79701				
Facility or well name: SKELLY UNIT # 987				
API Number: 30-015-36497 C	CD Permit Number:			
U/L or Qtr/Qtr ULG Section 22 Township	7S Range 31E County: EDDY			
Center of Proposed Design: Latitude N/A	Longitude <u>N/A</u> NAD: □1927 □ 1983			
Surface Owner: 🛮 Federal 🗌 State 🔲 Private 🔲 Tribal Trust or Indian Allotment				
Pit: Subsection F or G of 19.15.17.11 NMAC	☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC			
Temporary: Drilling Workover	☐ Drying Pad ☐ Tanks ☒ Haul-off Bins ☐ Other			
☐ Permanent ☐ Emergency ☐ Cavitation ☐ Steel Pit	☐ Lined ☐ Unlined			
☐ Lined ☐ Unlined	Liner type: Thicknessmil			
Liner type: Thicknessmil	Other			
Other String-Reinforced	Seams:  Welded  Factory Other			
Seams: Welded Factory Other	Volume:bblyd³			
Volume: bbl Dimensions: L x W x D	Dimensions: Length x Width			
Below-grade tank: Subsection I of 19.15.17.11 NMAC	Fencing: Subsection D of 19.15.17.11 NMAC			
Volume:bbl	☐ Chain link, six feet in height, two strands of barbed wire at top			
Type of fluid:	Four foot height, four strands of barbed wire evenly spaced between one and			
Tank Construction material:	four feet			
Secondary containment with leak detection	Netting: Subsection E of 19.15.17.11 NMAC			
☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off	Screen Netting Other			
☐ Visible sidewalls and liner	☐ Monthly inspections			
☐ Visible sidewalls only	Signs: Subsection C of 19.15.17.11 NMAC			
Other	12'x24', 2' lettering, providing Operator's name, site location, and			
Liner type: Thickness mil  HDPE PVC	emergency telephone numbers			
Other	⊠ Signed in compliance with 19.15.3.103 NMAC			
Alternative Method: Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration	Administrative Approvals and Exceptions: Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.			
of approval.	Please check a box if one or more of the following is requested, if not leave blank:  Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for consideration of approval.  Exception(s): Requests must be submitted to the Santa Fe			

Environmental Bureau office for consideration of approval.

Siting Criteria (regarding permitting): 19.15.17.10 NMAC Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.	
Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☐ No
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site	Yes No
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	Yes No
Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to permanent pits)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	Yes No
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site	☐ Yes ☐ No
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality	☐ Yes ☐ No
Within 500 feet of a wetland.  - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☐ No
Within the area overlying a subsurface mine Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	☐ Yes ☐ No
<ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>	☐ Yes ☐ No
Within a 100-year floodplain FEMA map	Yes No
Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.17.9 Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the de attached.  Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17. Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	ocuments are
Previously Approved Design (attach copy of design) API Number: or Permit Number:	
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the do attached.  Geologic and Hydrogeologic Data (required for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of Siting Criteria Compliance Demonstrations (required for on-site closure) - based upon the appropriate requirements of 19.15.17.10  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  Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC  NMAC	19.15.17 9

Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC			
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the d	ocuments are		
attached.  Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC  Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  Climatological Factors Assessment			
Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC  Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC  Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC			
<ul> <li>Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC</li> <li>Quality Control/Quality Assurance Construction and Installation Plan</li> <li>Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC</li> </ul>			
Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Nuisance or Hazardous Odors, including H <sub>2</sub> S, Prevention Plan  Emergency Response Plan			
Oil Field Waste Stream Characterization Monitoring and Inspection Plan			
☐ Erosion Control Plan ☐ Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC			
Proposed Closure: 19.15.17.13 NMAC			
Type: Drilling Workover Emergency Cavitation Permanent Pit Below-grade Tank Closed-loop System	Alternative		
Proposed Closure Method: Waste Excavation and Removal  Waste Removal (Closed-loop systems only)  On-site Closure Method (Only for temporary pits and closed-loop systems)  In-place Burial On-site Trench Burial			
Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for con	nsideration)		
Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau			
office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.			
Ground water is less than 50 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	Yes No		
Ground water is between 50 and 100 feet below the bottom of the buried waste  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells			
Ground water is more than 100 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☐ No ☐ NA		
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site	Yes No		
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☐ No		
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site	Yes No		
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality	☐ Yes ☐ No		
Within 500 feet of a wetland US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☐ No		
Within the area overlying a subsurface mine.  Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	☐ Yes ☐ No		
Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map	☐ Yes ☐ No		
Within a 100-year floodplain FEMA map	☐ Yes ☐ No		

Waste Excavation and Removal Closure Plan Checklist: (19.15.17.	13 NMAC) <i>Instructions: Each o</i> j	f the following items must be attached to the
closure plan. Please indicate, by a check mark in the box, that the doc		
Protocols and Procedures - based upon the appropriate requireme		
Confirmation Sampling Plan (if applicable) - based upon the appl		on F of 19.15.17.13 NMAC
☐ Disposal Facility Name and Permit Number (for liquids, drilling☐ Soil Backfill and Cover Design Specifications - based upon the a		stion H of 10 15 17 12 NMAC
Re-vegetation Plan - based upon the appropriate requirements of		
Site Reclamation Plan - based upon the appropriate requirements		
Waste Removal Closure For Closed-loop Systems That Utilize Haul		NMAC) Instructions: Please indentify the facility
or facilities for the disposal of liquids, drilling fluids and drill cuttings	•	
Disposal Facility Name: CRI OR G M INC. Disposal Facility Po	ermit Number: CRI (R9166)	G M INC (711-019-001)
On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions:	Each of the following items must	t be attached to the closure plan. Please indicate,
by a check mark in the box, that the documents are attached.		•
Siting Criteria Compliance Demonstrations - based upon the appr		
Proof of Surface Owner Notice - based upon the appropriate requ		
Construction and Design of Burial Trench (if applicable) based u	pon the appropriate requirements	of 19.15.17.11 NMAC
Protocols and Procedures - based upon the appropriate requireme		
Confirmation Sampling Plan (if applicable) - based upon the appr		
Waste Material Sampling Plan - based upon the appropriate requi		
Disposal Facility Name and Permit Number (for liquids, drilling t		
Soil Cover Design - based upon the appropriate requirements of S		
Re-vegetation Plan - based upon the appropriate requirements of Site Reclamation Plan - based upon the appropriate requirements		
She Reclamation Fian - based upon the appropriate requirements	of Subsection G of 19.13.17.13 N	WAC
Operator Application Certification:		
I hereby certify that the information submitted with this application is to	ue, accurate and complete to the b	pest of my knowledge and belief.
Name (Print): PHYLLIS A. EDWARDS	Title: REGULAT	ORY ANALYST
Signature: lightes (b), de	and Date:	<u>7-8-08</u>
e-mail address: pedwards@conchoresources.com	Telephone:	122 605 4240
		432-063-4340
OCD Approval: Permit Application (including closure plan)		432-063-4340
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OCD Approval: Permit Application (including closure plan) OCD Representative Signature:	Closure Plan (only)	Approval Date: 7/18 10日: 0208157
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OCD Approval: Permit Application (including closure plan)   OCD Representative Signature:   Title:   Closure Report (required within 60 days of closure completion): Su  Closure Method:   Waste Excavation and Removal   On-Site Closure Method	Closure Plan (only)  Closure Plan (only)  Closure Plan (only)  Closure Complete	Approval Date: 7/18/08 : 0208157
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Su  Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 1 5 7
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Su  Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following the support of the following closure plan).	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 1 5 7
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OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Su  Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the followark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 1 5 7
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Su  Closure Method:  Glasure Method:  Glasure Excavation and Removal On-Site Closure Method Glaster from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the followark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 1 5 7
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Su  Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the foll mark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 1 5 7
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OCD Approval: Permit Application (including closure plan)   OCD Representative Signature:   Title:   Closure Report (required within 60 days of closure completion): Su  Closure Method:   On-Site Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the fol mark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 1 5 7
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OCD Approval: Permit Application (including closure plan)   OCD Representative Signature:   Title:   Closure Report (required within 60 days of closure completion): Su  Closure Method:   On-Site Closure Method   If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the folemark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude	bsection K of 19.15.17.13 NMAC  Closure Complet  Alternative Closure Method	Approval Date: 7/18/08 : 0 2 0 8 / 5 7  Stion Date: the closure report. Please indicate, by a check
OCD Approval: Permit Application (including closure plan)   OCD Representative Signature:   Title:   Closure Report (required within 60 days of closure completion): Startific S	Closure Plan (only)  Closure Plan (only)  Closure Complete  Alternative Closure Method  Clowing items must be attached to  Longitude  Longitude	Approval Date: 7/18/08 : 0 2 0 8 / 5 7  Stion Date:  the closure report. Please indicate, by a check  NAD: 1927 1983
OCD Approval: Permit Application (including closure plan)   COD Representative Signature:   Closure Report (required within 60 days of closure completion): Successful Substitution   Closure Method:   On-Site Closure Method   If different from approved plan, please explain.   Closure Report Attachment Checklist: Instructions: Each of the followark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude   Operator Closure Certification:    I hereby certify that the information and attachments submitted with this	Closure Plan (only)  Closure Plan (only)  Closure Complete  Alternative Closure Method  Clowing items must be attached to  Longitude  closure report is true, accurate and	Approval Date: 7//8/08  : 0 2 0 8 / 5 7  Stion Date:  the closure report. Please indicate, by a check  NAD: 1927 1983
OCD Approval: Permit Application (including closure plan)   OCD Representative Signature:   Title:   Closure Report (required within 60 days of closure completion): Startific S	Closure Plan (only)  Closure Plan (only)  Closure Complete  Alternative Closure Method  Clowing items must be attached to  Longitude  closure report is true, accurate and	Approval Date: 7//8/08  : 0 2 0 8 / 5 7  Stion Date:  the closure report. Please indicate, by a check  NAD: 1927 1983
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OCD Approval: Permit Application (including closure plan)   COD Representative Signature:   Closure Report (required within 60 days of closure completion): Successful Substitution   Closure Method:   On-Site Closure Method   If different from approved plan, please explain.   Closure Report Attachment Checklist: Instructions: Each of the followark in the box, that the documents are attached.   Proof of Closure Notice   Proof of Deed Notice (if applicable)   Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude   Operator Closure Certification:    I hereby certify that the information and attachments submitted with this	Closure Plan (only)  Closure Plan (only)  Closure Complete  Alternative Closure Method  Clowing items must be attached to  Longitude  Closure report is true, accurate and requirements and conditions spec	Approval Date: 7//8/08  : 0 2 0 8 / 5 7  Stion Date:  the closure report. Please indicate, by a check  NAD: 1927 1983
OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Su  Closure Method:  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the followark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Site Reclamation (Photo Documentation)  On-site Closure Certification:  I hereby certify that the information and attachments submitted with this belief. I also certify that the closure complies with all applicable closure Name (Print):	Closure Plan (only)  Closure Plan (only)  Closure Complete  Alternative Closure Method  Clowing items must be attached to  Longitude  closure report is true, accurate and requirements and conditions spece	Approval Date: 7/18/08  : 0208/57  Cion Date:
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## 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.

