

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



AUG 26 2008

Form C-144 CLEZ  
July 21, 2008

OCD-ARTESIA

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 \*\*\*Originally permitted under Rule 50\*\*\*

**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.

1  
Operator: COG Operating LLC OGRID #: 229137  
Address: 550 West Texas Ave, Suite 1300, Midland, TX 79701  
Facility or well name: Harper State #17  
API Number: 30-015-36096 , OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr N Section 16 Township 17S Range 30E County: Eddy  
Center of Proposed Design: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD: ☐ 1927 ☐ 1983  
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.  
☒ **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.  
**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

4.  
**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 documents are attached.  
☐ 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 (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 identify 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 Permit Number: \_\_\_\_\_  
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 I 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): \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

7. **OCD Approval:** ☒ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: Jim W. Gano Approval Date: 08-26-08

Title: District II Supervisor OCD Permit Number: 0208421

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: 06/18/08

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

*Instructions: Please identify 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: CRI Disposal Facility Permit Number: R1966

Disposal Facility Name: GM INC Disposal 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?

☐ 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)  
☐ Soil Backfilling and Cover Installation  
☐ Re-vegetation Application Rates and Seeding Technique

10. **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): Kanicia Carrillo Title: Regulatory Analyst

Signature: K C Date: 08/19/08

e-mail address: kcarrillo@conchoresources.com Telephone: 432-685-4332

# Well Test - Oil, Gas, Water

Begin Date/Time	End Date/Time	Test Hours	Oil/Cond Volume	Frm Gas Volume	Water Volume	Info Only	Remarks
HARPER STATE 17							
7/16/2008	7/18/2008	48	0 00	0	0.00	No	hung on 7/16/08 - no test yet
7/20/2008	7/21/2008	24	93.00	137	432.00	No	
7/21/2008	7/22/2008	24	123.00	155	324.00	No	
7/22/2008	7/23/2008	24	135.00	173	429.00	No	
7/23/2008	7/24/2008	24	120.00	175	401.00	No	
7/24/2008	7/25/2008	24	121.00	187	392.00	No	
7/25/2008	7/26/2008	24	138.00	202	406.00	No	
7/26/2008	7/27/2008	24	130.00	189	371.00	No	
7/27/2008	7/28/2008	24	146.00	200	394.00	No	
7/28/2008	7/29/2008	24	141.00	216	320.00	No	
7/29/2008	7/30/2008	24	108.00	207	290.00	No	
7/30/2008	7/31/2008	24	117.00	223	296.00	No	
7/31/2008	8/1/2008	24	112.00	220	282.00	No	
8/1/2008	8/2/2008	24	108.00	217	271.00	No	
8/2/2008	8/3/2008	24	117.00	224	277.00	No	
8/3/2008	8/4/2008	24	100.00	204	242.00	No	
8/4/2008	8/5/2008	24	104.00	208	241.00	No	
8/5/2008	8/6/2008	24	100.00	210	240.00	No	
8/6/2008	8/7/2008	24	100.00	208	224.00	No	
8/7/2008	8/8/2008	24	100.00	207	222.00	No	
8/8/2008	8/9/2008	24	100.00	207	219.00	No	
8/10/2008	8/11/2008	24	101.00	218	214.00	No	
8/12/2008	8/13/2008	24	103.00	2	211.00	No	
8/13/2008	8/14/2008	24	99.00	226	205.00	No	

## Kanicia Carrillo

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**From:** Dora Lara  
**Sent:** Wednesday, June 25, 2008 2:37 PM  
**To:** Kanicia Carrillo  
**Subject:** FORMATION TOPS

HARPER STATE #17 - 300153609600

YTES 1185'

SVNR 1490'

QUEN 2095'

SNDR 2790'

YESO 4310'

TUBB 5810'

THANKS.....



DORA LARA

COG OPERATING, LLC

550 W. TEXAS, STE 1300

MIDLAND, TX 79701

OFFICE: (432) 685-4391

[dlara@conchoresources.com](mailto:dlara@conchoresources.com)