District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
F300 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 Congariation Division

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 AUG 29 2008

Form C-144 CLEZ July 21, 2008

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

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. COG OPERATING LLC OGRID #: Operator: Address: 550 WEST TEXAS, SUITE 1300 MIDLAND, TX 79701 **SKELLY UNIT #994** Facility or well name: API Number: **30-015-**OCD Permit Number: UL E Section 15 Township 17S Range 31E County: EDDY U/L or Qtr/Qtr **N/A** NAD: □1927 □ 1983 Center of Proposed Design: Latitude N/A Longitude Surface Owner: 🛛 Federal 🔲 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 approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved of a named on activities which require prior approved on a named on activities which require prior approved on a named on activities which require prior approved on activities which require prior approved on activities which require prior activities are activities and activities and activities are activities and activities and activities are activities and activities activities activities ar ☐ Above Ground Steel Tanks or ☐ Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC **DOCUMENTATION AS REQUIRED BY** 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone 19.15.17 [NMAC] IS INCOMPLETE FOR ⊠ Signed in compliance with 19.15.3.103 NMAC THIS APPLICATION. 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: 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: 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 will not be used for future service and operations? Yes (If yes, please provide the information below) No 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 Left 19.15.17.13 NMAC Required for impacted areas which will not be used for future service and operations: 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. **PHYLLIS A. EDWARDS** Name (Print): Elevande Date: Signature: Telephone: pedwards@conchoresources.com e-mail address:

Attachments not included

142 141

OCD Approval: Permit Application (including closure plan) Closure Plan (only)	
OCD Representative Signature:	Approval Date:
Title: DENIL	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:	
9. 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:	Disposal Facility Permit Number:
Disposal Facility Name:	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) \(\subseteq \) No	
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:
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):	Title:
Signature:	Date:
e-mail address:	Telephone:

No Design Plan No Operating Maintenence Plan