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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.

AUG 0 1 'ZUII Form C-144 CLEZ July 21, 2008

For the desired for closure, submit to the appropriate NMOCD District Office.

## Closed-Loop System Permit or Closure Plan Application

Santa Fe, NM 87505

(that only use above g	<u>round steel to</u>	<u>anks or hau</u>	l-off bins	<u>and propose t</u>	<u>o implement</u>	waste removal	for	closure)
				-				

Type of action: A 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

ciosea-toop system that only use above ground steet tanks or haut-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: Marshall & Winston Inc. OGRID#: 014187							
Address: P.O.B. 50880, Midland, TX 79710-0880							
Facility or well name: County Line 31 #1							
API Number: 30-25-075-29190 OCD Permit Number: P1-035 47							
U/L or Qtr/Qtr P Section 31 Township 15S Range 31E County: Chaves							
Center of Proposed Design: Latitude 32.967048 N Longitude 103.852286 W NAD: ☒1927 ☐ 1983							
Surface Owner: Federal 💆 State Private Tribal Trust or Indian Allotment							
2. Subsection H of 19.15.17.11 NMAC							
Operation:							
Above Ground Steel Tanks or A 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:							
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 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: NM 01-0006							
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) A 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): Vernon D. Dyer Title: Agent for Marshall & Winston							
Signature: <u>Uernon</u> D. alyan Date: <u>8-1-2011</u>							
e-mail address: vdyeroil@cableone.com Telephone: (575) 420-0355							

Form C-144 CLEZ

Oil Conservation Division

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7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)							
OCD Representative Signature: Approval Date: Approval Date:							
Title: PETROLEUM ENGINEEM	OCD Permit Number: PJ-D3543						
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 Instructions: Please indentify the facility or facilities for where the liquids, drift two facilities were utilized.	That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ling 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 or in areas that will not be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below) \( \subseteq \text{No} \)							
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							
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:						



