

District I.  
1625 N. French Dr., Hobbs, NM 88240  
District III.  
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

RECEIVED  
MAR 16 2011  
HOBSUCD

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 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 NMOC 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 environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

Operator	XTO Energy Inc.		OGRID #	005380	
Address	200 N. Lorraine, Ste. 800				
Facility or well name	North Vacuum ABO Unit #117				
API Number	30-025-21828		OCD Permit Number	P1-03251	
U/L or Qtr/Qtr	P	Section	23	Township	17S
		Range	34E	County	Lea
Center of Proposed Design	Latitude			Longitude	
				NAD	<input type="checkbox"/> 1927 <input type="checkbox"/> 1983
Surface Owner	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment				

<input checked="" type="checkbox"/> Closed-loop System:	Subsection H of 19.15.17.11 NMAC				
Operation	<input type="checkbox"/> Drilling a new well	<input checked="" type="checkbox"/> Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)	<input type="checkbox"/> P&A		
<input checked="" type="checkbox"/> Above Ground Steel Tanks or	<input type="checkbox"/> Haul-off Bins				

Signs:	Subsection C of 19.15.17.11 NMAC				
<input type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers					
<input checked="" type="checkbox"/> Signed in compliance with 19.15.3.103 NMAC					

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.	
<input checked="" type="checkbox"/> Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC	
<input type="checkbox"/> Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC	
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> Previously Approved Design (attach copy of design)	API Number: _____
<input type="checkbox"/> 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 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	Controlled Recovery Inc.
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?	
<input type="checkbox"/> Yes (If yes, please provide the information below) <input type="checkbox"/> No	
Required for impacted areas which will not be used for future service and operations	
<input type="checkbox"/> Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC	
<input type="checkbox"/> Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC	
<input type="checkbox"/> 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)	Patty Urias
Title	Regulatory Analyst
Signature	<i>Patty Urias</i>
Date	3/15/11
e-mail address	patty.urias@xtoenergy.com
Telephone	432-620-4318

7

OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only)OCD Representative Signature: *Ed Bongali*Approval Date: 3-17-2011Title: STAFF WAREOCD Permit Number: P1-D3251

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: 7/23/10

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 NM-01-0006

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) ☒ 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): Patty UriasTitle: Regulatory AnalystSignature: *Patty Urias*Date: 3/15/11e-mail address: patty.urias@xtoenergy.comTelephone: 432-620-4318

### **Operating and Maintenance Procedure:**

- Will submit C-144 (short form) to OCD to get permit to set steel tank at well location to be used to collect fluid during workover.
- When permit received from OCD, steel tank will be set at well location prior to work performed (without any type of liner).
- Operator will do daily visual tank inspection to locate any leak that might cause soil or ground water contamination.
- If leak is detected the OCD will be notified immediately.

### **Closure Plan – based upon the appropriate requirements of Subsection C:**

Solids and Fluids will be removed from steel tanks and hauled off by trucking companies. They will then be taken to the closest approved public disposal: **See C-144 Form - (Sundance Services, Inc. – Disposal Facility Permit No. NM-01-0003)**



## Closure Report

Solids and Fluids were removed from steel tanks and hauled off by trucking companies and taken to.

Disposal Facility Name: CRI

Disposal Facility Permit Number: NM-01-0006

