

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

HOBBSON
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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 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 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. LORAIN ST, SUITE 800 MIDLAND, TX 79701		
Facility or well name:	BRIDGES STATE 56		
API Number:	30-025-02034	OCD Permit Number:	01-04655
U/L or Qtr/Qtr	I	Section	14
Township	17S	Range	34E
County:	LEA		
Center of Proposed Design: Latitude		Longitude	
NAD:	☐ 1927 ☐ 1983		
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 approval of a permit or notice of intent) ☒ P&A
☐ Above Ground Steel Tanks or	☐ Haul-off Bins

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	

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 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?	
☐ 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	

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):	STEPHANIE RABADUE
Title:	REGULATORY ANALYST
Signature:	Stephanie Rabadue
Date:	05/17/2012
e-mail address:	stephanie.rabadue@xtoenergy.com
Telephone:	432-620-6714

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OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: [Signature] **Approval Date:** 5-29-2012

Title: Staff **OCD Permit Number:** P1-04655

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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:** _____

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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) ☐ 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

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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: _____

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)

200 ft

ANCHORS

RIG

Wellhead

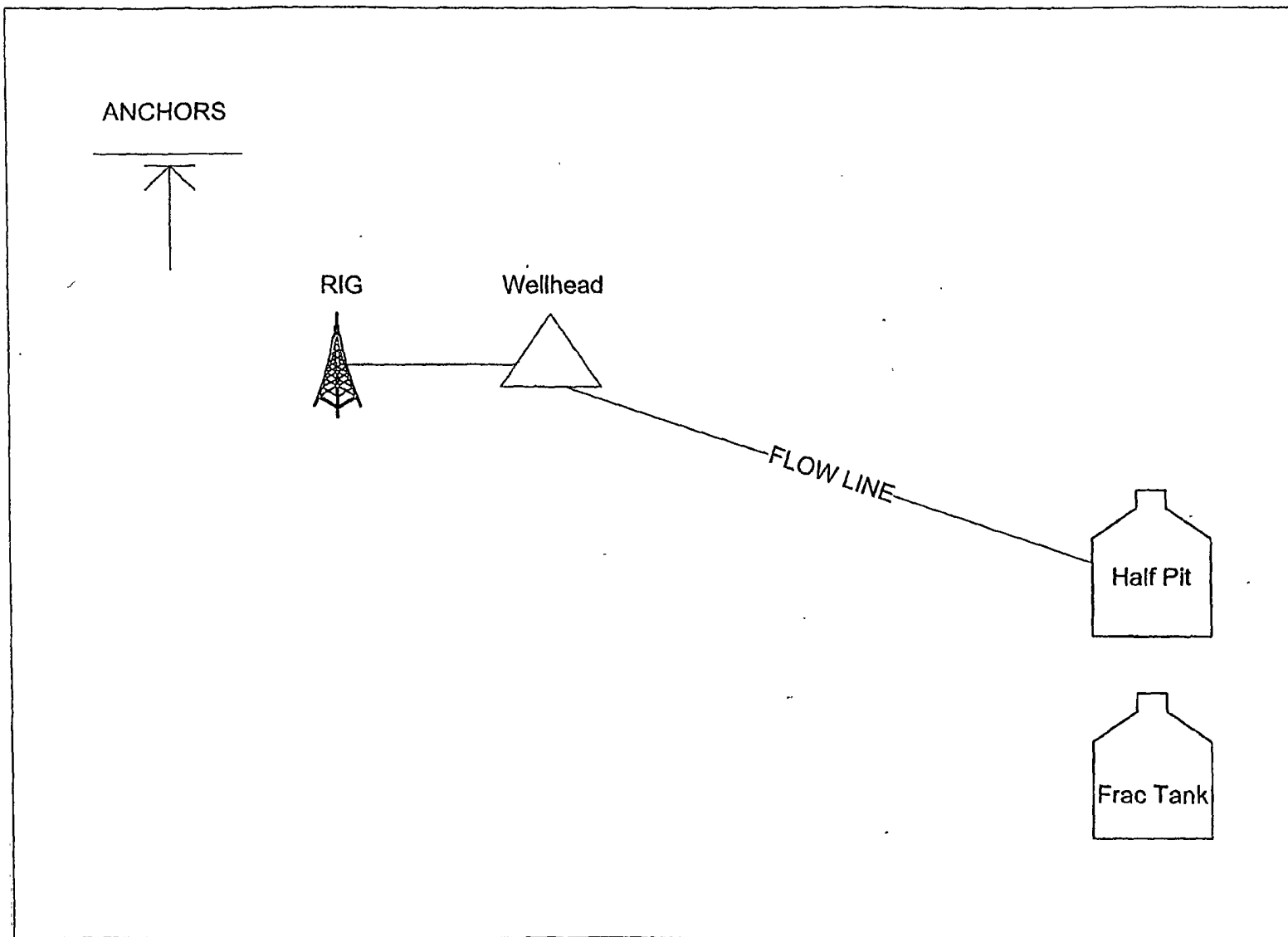
FLOW LINE

Half Pit

Frac Tank

125. ft

P & A





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