District II	88240 <b>HOBBS OCD</b> En	ergy Minerals and Depar	ew Mexico d Natural Resources tment	Form C-144 CLE2 Revised August 1, 201 For closed-loop systems <i>that only use above</i>
<u>District III</u> 1000 Rio Brazos Road, Aztec, NI	MAR 0 6 2013	Oil Conserva 1220 South S		ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit
District IV 1220 S. St. Francis Dr., Santa Fe,		Santa Fe, 1		to the appropriate NMOCD District Office.
	Closed-Loop S	System Permit	or Closure Plan	n Application
(that only i				ement waste removal for closure)
			Permit 🕅 Closure	
<i>closed-loop system that only u</i> ease be advised that approval of	use above ground steel tanks of this request does not relieve	or haul-off bins and p the operator of liabili	propose to implement was ty should operations resul	test. For any application request other than for a steremoval for closure, please submit a Form C-144. It in pollution of surface water, ground water or the governmental authority's rules, regulations or ordinances
ı. Operator: <u>ConocoPhillips C</u>	Company		OGRID #:	217817
Address: <u>P. O. Box 51810</u>	Midland, TX 79710			
Facility or well name: <u>EME</u>	RALD FEDERAL 01		1	
API Number: <u>30-025-40656</u>	6	OC	D Permit Number:	PI-04857
U/L or Qtr/Qtr P	Section <u>17</u>	Township <u>17S</u>	Range <u>32E</u>	County: LEA
Center of Proposed Design: I	Latitude 32.829289	Lo	ongitude <u>-103.77998</u>	NAD: 🕅 1927 🗌 1983
Surface Owner: 🔀 Federal 🗌	] State 🗌 Private 🗌 Triba	l Trust or Indian Allo	otment	
Signs: Subsection C of 19.1 12"x 24", 2" lettering, pro	oviding Operator's name, sit	e location, and emerg	ency telephone numbers	S
<ul> <li>3.</li> <li>Signs: Subsection C of 19.1</li> <li>12"x 24", 2" lettering, pro</li> <li>Signed in compliance with</li> </ul>	5.17.11 NMAC widing Operator's name, sit h 19.15.16.8 NMAC			
<ul> <li>3.</li> <li>Signs: Subsection C of 19.1</li> <li>12"x 24", 2" lettering, pro</li> <li>Signed in compliance with</li> <li>4.</li> <li>Closed-loop Systems Permit Instructions: Each of the formation</li> </ul>	5.17.11 NMAC oviding Operator's name, sit h 19.15.16.8 NMAC t Application Attachment	Checklist: Subsecti	on B of 19.15.17.9 NMA	<u> </u>
<ul> <li>3.</li> <li>Signs: Subsection C of 19.1</li> <li>12"x 24", 2" lettering, pro</li> <li>Signed in compliance with</li> <li>4.</li> <li>Closed-loop Systems Permit</li> <li>Instructions: Each of the fount of the found of</li></ul>	5.17.11 NMAC oviding Operator's name, sit h 19.15.16.8 NMAC t Application Attachment llowing items must be attac oon the appropriate requirem nance Plan - based upon the	Checklist: Subsecti Checklist: Subsecti Check to the applicatio nents of 19.15.17.11 M appropriate requirem	on B of 19.15.17.9 NMA <b>n. Please indicate, by a</b> NMAC ents of 19.15.17.12 NM.	AC check mark in the box, that the documents are AC
<ul> <li>3.</li> <li>Signs: Subsection C of 19.1</li> <li>12"x 24", 2" lettering, pro</li> <li>Signed in compliance with</li> <li>Closed-loop Systems Permit</li> <li>Instructions: Each of the for attached.</li> <li>Design Plan - based up</li> <li>Operating and Mainten</li> <li>Closure Plan (Please compliants)</li> </ul>	5.17.11 NMAC oviding Operator's name, sit h 19.15.16.8 NMAC t Application Attachment llowing items must be attac oon the appropriate requirem nance Plan - based upon the	Checklist: Subsecti Sched to the application ments of 19.15.17.11 Mappropriate requirem n the appropriate requirem	on B of 19.15.17.9 NMA <b>n. Please indicate, by a</b> NMAC ents of 19.15.17.12 NM.	AC check mark in the box, that the documents are AC C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
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OCD Approval: Permit Application (including closure plan) Closure Pl	an (only)	
OCD Representative Signature:	Approval Date:	
Title:	OCD Permit Number: 11-04857	
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prior to The closure report is required to be submitted to the division within 60 days of the section of the form until an approved closure plan has been obtained and the closure	o implementing any closure activities and submitting the closure report. he completion of the closure activities. Please do not complete this	
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, drill two facilities were utilized.		
Disposal Facility Name: <u>R360 PERMAIN BASIN LLC</u>	Disposal Facility Permit Number: <u>NM-01-0006</u>	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or $\Box$ Yes (If yes, please demonstrate compliance to the items below) $\Box$ No	in areas that will not be used for future service and operations?	
<ul> <li>Required for impacted areas which will not be used for future service and operation</li> <li>Site Reclamation (Photo Documentation)</li> <li>Soil Backfilling and Cover Installation</li> <li>Re-vegetation Application Rates and Seeding Technique</li> </ul>	ons:	
10. <u>Operator Closure Certification</u> : I hereby certify that the information and attachments submitted with this closure r belief. I also certify that the closure complies with all applicable closure requirem		
Name (Print): Ashley Martin	Title: Staff Regulatory Technician	
Signature: OMLey Mar	Date: <u>02/26/2013</u>	
e-mail address: Ashley Martin@conocophillips.com	Telephone: (432)688-6938	
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