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

For drilling and production facilities, submit to appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe office

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Form C-144

June 1, 2004

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

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes \( \subseteq \) No \( \subseteq \)  Type of action: Registration of a pit or below-grade tank \( \subseteq \) Closure of a pit or below-grade tank \( \subseteq \) 2 \( \text{POUD} \)		
Operator COG Operating, LLC Telephone Address: 550 West Texas Ave., Suite 1300, Midland, Texas 79701 Facility or well name. MC Federal #15 API # 37-2	e-fig	Sec 21 T-17-S R-32-E  NAD 1927 X 1983
Pit  Type Drilling Production Disposal  Workover Emergency  Lined Unlined Liner type. Synthetic Thickness 12 mil Clay  Pit Volume 25,000 bbl	Below-grade tank   Volume:bbl Type of fluid:   Construction material:   Double-walled, with leak detection? Yes	
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water)	Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more	(20 points) (10 points) ( 0 points)
Wellhead protection area (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources)	Yes No	(20 points) ( 0 points) 0
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses)	Less than 200 feet 200 feet or more, but less than 1000 feet 1000 feet or more	(20 points) (10 points) ( 0 points) 0
Ranking Score (Total Points)  If this is a pit closure: (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location (check the onsite box if your are burying in place) onsite  If offsite, name of facility		
Thereby certify that the information above is true and complete to the best has been/will be constructed or closed according to NMOCD guideline.  Date 10-8-07  Printed Name/Title Gary Miller, Agent  Your certification and NMOCD approval of this application/closure does notherwise endanger public health or the environment. Nor does it relieve the regulations.	Signature Signature Signature of liability should the content	ative OCD-approved plan .
Approval  Printed Name/Title CHRIS WILLIAM S/DIST. SUPV. Signature Chica Williams Date 4/1/08		

