Form C-144 June 16, 2008

State of New Mexico District I ` Energy Minerals and Natural Resources 1625 N. Trench Dr., Hobbs, NM 88240 District II Department 1301 W. Grand Avenue, Artesia, NM 88210 1111 7 4 2003 Oil Conservation Division 220 South St. Francis Dr. District III 1000 Rio Brazos Road, Aztec, NM 874

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.

For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

## Pit, Closed-Loop System, Below-Grade Tank, or Proposed Alternative Method Permit or Closure Plan Application

anta Fe, NM 87505

Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method Type of action: Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method

Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

and religion the approxima of lightly about a parations regult in pollution of surface water ground water or the

nvironment. Nor does approval relieve the operator of its responsibility to comp	oly with any other applicable governmental authority's rules, regulations or ordinances.			
Operator: COG OPERATING LLC	OGRID #:			
Address: 550 WEST TEXAS, SUITE 1300 MIDLAND,	TX 79701			
Facility or well name: ORION FEDERAL #11				
API Number: 30-005-27978 /	OCD Permit Number: $P(-00/35)$			
U/L or Qtr/Qtr UL H Section 13 Township 15	S Range 31E County: CHAVES			
Center of Proposed Design: Latitude N/A	Longitude <u>N/A</u> NAD: 1927 1983			
Surface Owner:   Federal  State  Private  Tribal Trust or Indian Allotment				
Pit: Subsection F or G of 19.15.17.11 NMAC	☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC			
Temporary: Drilling Workover	☐ Drying Pad ☐ Tanks ☒ Haul-off Bins ☐ Other			
☐ Permanent ☐ Emergency ☐ Cavitation	☐ Lined ☐ Unlined			
Lined Unlined	Liner type: Thicknessmil			
Liner type: Thicknessmil	☐ Other			
Other String-Reinforced	Seams: Welded Factory Other			
Seams: Welded Factory Other	Volume:bblyd³			
Volume: bbl Dimensions: L x W x D	Dimensions: Lengthx Width			
Below-grade tank: Subsection I of 19.15.17.11 NMAC	Fencing: Subsection D of 19.15.17.11 NMAC			
Volume:bbl	☐ Chain link, six feet in height, two strands of barbed wire at top			
Type of fluid:	Four foot height, four strands of barbed wire evenly spaced between one and			
Tank Construction material:	four feet			
☐ Secondary containment with leak detection	Netting: Subsection E of 19.15.17.11 NMAC			
☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off	Screen Netting Other			
☐ Visible sidewalls and liner	☐ Monthly inspections			
☐ Visible sidewalls only	Signs: Subsection C of 19.15.17.11 NMAC			
Other	12'x24', 2' lettering, providing Operator's name, site location, and			
Liner type: Thicknessmıl	emergency telephone numbers			
☐ Other	⊠ Signed in compliance with 19.15.3.103 NMAC			
Alternative Method: Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.	Administrative Approvals and Exceptions:  Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.  Please check a box if one or more of the following is requested, if not leave blank:  Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for consideration of approval.  Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.			

Siting Criteria (regarding permitting): 19.15.17.10 NMAC Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.	
Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	Yes No
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☐ No
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	Yes No
Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to permanent pits)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☐ No ☐ NA
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site	Yes No
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality	☐ Yes ☐ No
Within 500 feet of a wetland.  - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☐ No
Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	Yes No
Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map	Yes No
Within a 100-year floodplain FEMA map	☐ Yes ☐ No
Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.17.9 Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the do attached.  Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.1 Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.19 NMAC Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC	9 NMAC
Previously Approved Design (attach copy of design) API Number: or Permit Number:	
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 do attached.  Geologic and Hydrogeologic Data (required for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of Siting Criteria Compliance Demonstrations (required for on-site closure) - based upon the appropriate requirements of 19.15.17.10  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 - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC  NMAC  Previously Approved Design (attach copy of design) API Number:	19.15.17.9

Permanent Pits Permit Application 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 de	ocuments are		
attached.			
Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC			
Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC			
Climatological Factors Assessment			
Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC			
Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC			
Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC			
Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC			
Quality Control/Quality Assurance Construction and Installation Plan			
Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC			
Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC			
Nuisance or Hazardous Odors, including H <sub>2</sub> S, Prevention Plan			
☐ Emergency Response Plan ☐ Oil Field Waste Stream Characterization			
Monitoring and Inspection Plan			
Erosion Control Plan			
Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC			
Proposed Closure: 19.15.17.13 NMAC			
Type: Drilling Workover Emergency Cavitation Permanent Pit Below-grade Tank Closed-loop System	Alternative		
Proposed Closure Method: Waste Excavation and Removal			
On-site Closure Method (only for temporary pits and closed-loop systems)			
☐ In-place Burial ☐ On-site Trench Burial			
Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for con	nsideration)		
CONT. C. 1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC			
Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from			
the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau			
office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10			
NMAC for guidance.			
Ground water is less than 50 feet below the bottom of the buried waste.	☐ Yes ☐ No		
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	□ NA □		
1.1.1.1 O.1.1.1 O.1.1 O.1.1 O.1.1.1 O.			
Ground water is between 50 and 100 feet below the bottom of the buried waste	Yes No		
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	□ NA		
Ground water is more than 100 feet below the bottom of the buried waste.	☐ Yes ☐ No ☐ NA		
- NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	L] NA		
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake	☐ Yes ☐ No		
(measured from the ordinary high-water mark).			
- Topographic map; Visual inspection (certification) of the proposed site			
- Topographic map, visual inspection (certification) of the proposed site			
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.	☐ Yes ☐ No		
- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image			
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock	☐ Yes ☐ No		
watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.			
- NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site			
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance	☐ Yes ☐ No		
adopted pursuant to NMSA 1978, Section 3-27-3, as amended.			
Written confirmation or verification from the municipality; Written approval obtained from the municipality			
Within 500 feet of a wetland.	☐ Yes ☐ No		
- US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site			
- US Fish and whome we thank the future and map, visual inspection (certification) of the proposed site			
Within the area overlying a subsurface mine.	☐ Yes ☐ No		
- Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division			
Within an unstable area.	_		
- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological	☐ Yes ☐ No		
Society; Topographic map			
Within a 100-year floodplain.	☐ Yes ☐ No		
- FEMA map			

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Waste Excavation and Removal Closure Plan Checklist: (19.15.17.		he following items must be attached to the		
closure plan. Please indicate, by a check mark in the box, that the do				
Protocols and Procedures - based upon the appropriate requiremed Confirmation Sampling Plan (if applicable) - based upon the app	ropriete requirements of Subsection	E of 10 15 17 13 NMAC		
Disposal Facility Name and Permit Number (for liquids, drilling		F 01 19.13.17.13 NWAC		
Soil Backfill and Cover Design Specifications - based upon the a		on 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 NM	IAC		
Waste Removal Closure For Closed-loop Systems That Utilize Hau	Loff Pine Only (10 15 17 12 D NA	MAC Instructions, Plans indontify the facility		
or facilities for the disposal of liquids, drilling fluids and drill cuttings		MAC) Instructions: Fleuse indentify the facility		
		C M INC (711 010 001)		
Disposal Facility Name: CRI OR G M INC. Disposal Facility P		G M INC (711-019-001)		
On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: by a check mark in the box, that the documents are attached.	Each of the following items must b	be attached to the closure plan. Please indicate,		
Siting Criteria Compliance Demonstrations - based upon the app	ropriate requirements of 19 15 17 10	NMAC		
☐ Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC ☐ Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC				
Construction and Design of Burial Trench (if applicable) based to	apon the appropriate requirements of	f 19.15.17.11 NMAC		
Protocols and Procedures - based upon the appropriate requireme				
Confirmation Sampling Plan (if applicable) - based upon the app	ropriate requirements of Subsection	F of 19.15.17.13 NMAC		
Waste Material Sampling Plan - based upon the appropriate requ	irements of Subsection F of 19.15.17	7.13 NMAC		
Disposal Facility Name and Permit Number (for liquids, drilling	fluids and drill cuttings or in case on	n-site closure standards cannot be achieved)		
Soil Cover Design - based upon the appropriate requirements of C Re-vegetation Plan - based upon the appropriate requirements of				
Site Reclamation Plan - based upon the appropriate requirements of				
Operator Application Certification:				
I hereby certify that the information submitted with this application is t	rue, accurate and complete to the bes	st of my knowledge and belief.		
Name (Print): PHYLLIS A. EDWARDS	Title: REGULATO	DRY ANALYST		
Name (Fint).	Title. NEOOZIATE	NO AUNETOI		
Signatura:	Date:	7-1-08		
Signature: hytes it a	Date.	7-1-00		
e-mail address: pedwards@conchoresources.com	Telephone:	<u>432-685-4340</u>		
		<del>132-003-1310</del>		
OCD Approval: Permit Application (including closure plan)		<del></del>		
OCD Approval: Permit Application (including closure plan)	Closure Plan (only)	115		
	Closure Plan (only)	Approval Date: 7/15/58		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:	Closure Plan (only)	115		
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OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:	Closure Pian (only)  OCD Permit Number:	Approval Date: 2(15/58 P1-00135		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Signature Signature:	OCD Permit Number:	Approval Date: 2(15/58 P1-00135		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC  Closure Completion	Approval Date: 2(15/58 P1-00135		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Signature Signature:	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC  Closure Completion	Approval Date: 2(15/58 P1-00135		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method	Approval Date:		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State of the	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method	Approval Date:		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State Closure Method:  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.  Proof of Closure Notice	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method	Approval Date:		
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OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State Closure Method:  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method	Approval Date:		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State Closure Method:  Waste Excavation and Removal On-Site Closure Method If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method	Approval Date:		
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OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State of the following closure Method:  Waste Excavation and Removal On-Site Closure Method of the following closure from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the following closure Notice Proof of Closure Notice Proof of Deed Notice (if applicable)  Plot Plan Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Site Reclamation (Photo Documentation)  On-site Closure Location: Latitude  Operator Closure Certification:	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method Howing items must be attached to the	Approval Date:		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State Closure Method:  Waste Excavation and Removal On-Site Closure Method If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.  Proof of Closure Notice Proof of Deed Notice (if applicable) Plot Plan Confirmation Sampling Analytical Results Waste Material Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method Howing items must be attached to the	Approval Date:		
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OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Signature Waste Excavation and Removal On-Site Closure Method If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.  Proof of Closure Notice Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Site Reclamation (Photo Documentation)  On-site Closure Location: Latitude  Operator Closure Certification:  I hereby certify that the information and attachments submitted with this	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method  Clowing items must be attached to the Longitude closure report is true, accurate and executive requirements and conditions specific	Approval Date:		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): State Closure Method:    Waste Excavation and Removal   On-Site Closure Method     If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.    Proof of Closure Notice   Proof of Deed Notice (if applicable)     Plot Plan   Confirmation Sampling Analytical Results   Waste Material Sampling Analytical Results   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude    Operator Closure Certification: I hereby certify that the information and attachments submitted with this belief. I also certify that the closure complies with all applicable closure Name (Print):	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method  Clowing items must be attached to the Longitude closure report is true, accurate and cerequirements and conditions specific	Approval Date:  PI-DD135  on Date:  ne closure report. Please indicate, by a check  NAD: 1927 1983  complete to the best of my knowledge and ied in the approved closure plan.		
OCD Approval: Permit Application (including closure plan)  OCD Representative Signature:  Title:  Closure Report (required within 60 days of closure completion): Signature Method:  Waste Excavation and Removal On-Site Closure Method If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the formark in the box, that the documents are attached.  Proof of Closure Notice Proof of Deed Notice (if applicable) Plot Plan Confirmation Sampling Analytical Results Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude  Operator Closure Certification: I hereby certify that the information and attachments submitted with this belief. I also certify that the closure complies with all applicable closure	OCD Permit Number:_ ubsection K of 19.15.17.13 NMAC Closure Completion Alternative Closure Method  Clowing items must be attached to the Longitude closure report is true, accurate and cerequirements and conditions specific	Approval Date:		

## Closed Loop Operation & Maintenance Procedure

All drilling fluid circulated over shaker(s) with cuttings discharged into roll off container.

Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll off container.

Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.

Roll off containers are lined and de-watered with fluids re-circulated into system.

Additional tank is used to capture unused drilling fluid or cement returns from casing jobs.

This equipment will be maintained 24 hrs./day by solids control personnel and or rig crews that stay on location.

Cuttings will be hauled to either:

CRI (permit number R9166) or GMI (permit number 711-019-001)

dependent upon which rig is available to drill this well.

