District I State of New Mexico
1625 N. French Dr., Hobbs, NM 8824 Legy Minerals and Natural Resources District II
1301 W Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410

TERM 2009

District IV
1220 S. St. Francis Dr., Santa Fe, NM #10BBSOCD

State of New Mexico Department

Oil Conservation Division 1220 South St. Francis Dr.

Santa Fe, NM 87505

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

Type of action: Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method Modification to an existing permit Closure plan only submitted for an existing permitted or non-permitted 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
rlease 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 nvironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.
Operator: Cimarex Energy Co. of Colorado OGRID#: 162683
Address: P.O. Box 140907: Irving TX 75014-0907
Facility or well name:Yorktown 12 Fee 1
API Number: 30-005-28004 OCD Permit Number: P1-008b5
U/L or Qtr/Qtr D Section 12 Township 15S Range 31E County: Chaves
Center of Proposed Design: Latitude 33.036613 N Longitude 103.782127 W NAD: ⊠1927 □ 1983
Surface Owner: Federal State Private Tribal Trust or Indian Allotment
□ Permanent □ Emergency □ Cavitation □ P&A □ Lined □ Unlined Liner type: Thickness mil □ LLDPE □ PVC □ Other □ String-Reinforced Liner Seams: □ Welded □ Factory □ Other □ Volume: □ bbl Dimensions: L x W x D 3. □ Closed-loop System: Subsection H of 19.15.17.11 NMAC Type of Operation: □ P&A ☑ Drilling a new well □ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☑ Drying Pad □ Above Ground Steel Tanks □ Haul-off Bins □ Other □ Lined □ Unlined Liner type: Thickness 20 mil □ LLDPE □ HDPE □ PVC □ Other Liner Seams: □ Welded □ Factory □ Other □
Below-grade tank: Subsection I of 19.15.17.11 NMAC Volume:
s. Alternative Method: Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

A Company of the Comp	
Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, temporary pits, and below-grade tanks) Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, institution or church)	hospital,
☐ Four foot height, four strands of barbed wire evenly spaced between one and four feet ☐ Alternate. Please specify	
7.	,
Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks) Screen Netting Other	
Monthly inspections (If netting or screening is not physically feasible)	
8. Signal Subsection C of 10.15.17.11 NIMAC	
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	
9. 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 accematerial are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the approoffice or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of a Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to dry above-grade tanks associated with a closed-loop system.	priate district pproval.
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 significant watercourse or 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

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Temporary Pits, Emergency Pits, and Below-grade Tanks 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. 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 19.15.17.9 NMAC Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Boxes 14 through 18, if applicable) - 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: 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 documents are attached. Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9 Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC 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 Boxes 14 through 18, if applicable) - 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: API Number: (Applies only to closed-loop system that use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)
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 documents 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 ₂ S, Prevention Plan Emergency Response Plan Glosure Plan - based upon the appropriate requirements of 19.15.17.19 NMAC 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
14. Proposed Closure: 19.15.17.13 NMAC Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan. Type: Drilling Workover Emergency Cavitation P&A Permanent Pit Below-grade Tank Closed-loop System Alternative Alternative Waste Excavation and Removal Waste Removal (Closed-loop systems only) 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 consideration)
Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached. Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings) 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 G of 19.15.17.13 NMAC

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Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tank Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling flufacilities are required.	ks or Haul-off Bins Only: (19.15.17.13.D NMA ids and drill cuttings. Use attachment if more th	iC) nan two
Disposal Facility Name: Controlled Recovery Inc. Disposal F	acility Permit Number: <u>NMOCD R9166/NMEI</u>	D DP818
· · · · · · · · · · · · · · · · · · ·	Facility Permit Number:	
Will any of the proposed closed-loop system operations and associated activities occur on or i ☑ Yes (If yes, please provide the information below) ☐ No	n areas that will not be used for future service an	d operations?
Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications based upon the appropriate requireme Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15. Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.	17.13 NMAC	
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 plate provided below. Requests regarding changes to certain siting criteria may require administ considered an exception which must be submitted to the Santa Fe Environmental Bureau of demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.	rative approval from the appropriate district off ffice for consideration of approval. Justificatio	fice or may be
Ground water is less than 50 feet below the bottom of the buried waste. - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained	from nearby wells	Yes No
Ground water is between 50 and 100 feet below the bottom of the buried waste - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained		Yes 🔲 No NA
Ground water is more than 100 feet below the bottom of the buried waste. - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained		Yes □ No NA
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant walke (measured from the ordinary high-water mark). - Topographic.map; Visual inspection (certification) of the proposed site	atercourse or lakebed, sinkhole, or playa	Yes 🗌 No
Within 300 feet from a permanent residence, school, hospital, institution, or church in existen - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	ce at the time of initial application.	Yes No
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in e NM Office of the State Engineer - iWATERS database; Visual inspection (certification)	xistence at the time of initial application.	Yes □ ,No
Within incorporated municipal boundaries or within a defined municipal fresh water well field adopted pursuant to NMSA 1978, Section 3-27-3, as amended. - Written confirmation or verification from the municipality; Written approval obtained		Yes 🗌 No
Within 500 feet of a wetland US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection		Yes 🗌 No
Within the area overlying a subsurface mine Written confirmation or verification or map from the NM EMNRD-Mining and Mine		Yes 🗌 No
Within an unstable area. - Engineering measures incorporated into the design; NM Bureau of Geology & Miner Society; Topographic map	al Resources; USGS; NM Geological	Yes ☐ No
Within a 100-year floodplain FEMA map		Yes 🗌 No
18. On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following by a check mark in the box, that the documents are attached. Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of Subsection Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NM Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements Waste Material Sampling Plan - based upon the appropriate requirements of Subsection Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cutting Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15 Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15	of 19.15.17.10 NMAC on F of 19.15.17.13 NMAC requirements of 19.15.17.11 NMAC d upon the appropriate requirements of 19.15.17. MAC of Subsection F of 19.15.17.13 NMAC on F of 19.15.17.13 NMAC gs or in case on-site closure standards cannot be a 5.17.13 NMAC	11 NMAC

Description Application Certification: Description		1
Thereby cortify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print):	Operator Application Cortification:	
Name (Print):	•	curate and complete to the best of my knowledge and belief.
Content Method: Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indicate, by a Checkment from placed and operations? Disposal Facility Name		
OCD Approval: Permit Application (including closure plan) Closure Phen (only) OCD Conditions (see attachment) OCD Representative Signature: Approval Date: O.2 ZO O.9 Title: Environment Controlled Research Controlled Rese	Signature:	Date:
OCD Approval: Permit Application (including closure plan) Closure Phen (only) OCD Conditions (see attachment) OCD Representative Signature: Approval Date: O.2 ZO O.9 Title: Environment Controlled Research Controlled Rese		
OCD Representative Signature: See Manager (including closure plan) A Closure Phone (only) OCD Conditions (see attachment) OCD Representative Signature: Approval Date: O. 2 20 O. 9 Title: Convergency (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required in obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to a bubbind on the distain within 50 days of the complete of the closure excitities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure excitities now been completed. OCD remains Method: OCD Server Completion Date: January 23, 2009 Closure Method: Waste Excavation and Removal On-Site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only) If different from approved plan, please explain. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Ahove Ground Steel Tanks or Haul-off Bins Only: Instructions: Visease indentity has 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 Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED DP818. Disposal Facility Name Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED DP818. Disposal Facility Name Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED DP818. Disposal Facility Name Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED DP818. Disposal Facility Name Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED DP818. Disposal Facility Name Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED DP818. Disposal Facility Name Ontrolled Recovery Inc. Disposal Facility Permit Number: NMOCD R9166/NMED	20	(Shor
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.15 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 obtain an approved closure plan prior to implementing any 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 Method:	OCD Approval: Permit Application (including closure plan) 📈 Closur	e Plan (only) OCD Conditions (see attachment)
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 Method:	OCD Representative Signature: Nearth ou Salamo	Approval Date: 02 20 09
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 Method:	Title: Eminenmental Engineer	OCD Permit Number: PI-D0865
Closure Method: Waste Excavation and Removal On-Site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only)	21. Closure Report (required within 60 days of closure completion): Subsect Instructions: Operators are required to obtain an approved closure plan pri The closure report is required to be submitted to the division within 60 days	on K of 19.15.17.13 NMAC or to implementing any closure activities and submitting the closure report. of the completion of the closure activities. Please do not complete this
Closure Method: Waste Recavation and Removal On-Site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only) If different from approved plan, please explain.		☐ Closure Completion Date:January 23, 2009
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: Controlled Recovery Inc Disposal Facility Permit Number:	Closure Method:	ernative Closure Method Waste Removal (Closed-loop systems only)
Disposal Facility Name:	Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, two facilities were utilized.	drilling fluids and drill cuttings were disposed. Use attachment if more than
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 24. Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Mate Material Sampling Analytical Results (required for on-site closure) 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 Longitude NAD: 1927 1983		
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		
Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique		
Re-vegetation Application Rates and Seeding Technique	Site Reclamation (Photo Documentation)	rations:
Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) 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	 ☒ Soil Backfilling and Cover Installation ☒ Re-vegetation Application Rates and Seeding Technique 	
Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) 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 Longitude NAD: □1927 □ 1983 25. 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):	Closure Report Attachment Checklist: Instructions: Each of the following	g items must be attached to the closure report. Please indicate, by a check
□ Plot Plan (for on-site closures and temporary pits) □ Confirmation Sampling Analytical Results (if applicable) □ Waste Material Sampling Analytical Results (required for on-site closure) □ 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 Longitude NAD: □1927 □ 1983 25. 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): Dorsey Rogers Title: Field Superintendent □ Date: Date: □ D	☐ Proof of Closure Notice (surface owner and division)	
Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) 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		
Disposal Facility Name and Permit Number	Confirmation Sampling Analytical Results (if applicable)	
Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude		re)
Re-vegetation Application Rates and Seeding Technique		
On-site Closure Location: Latitude Longitude NAD:1927 1983 25. 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): Dorsey Rogers Title: Field Superintendent Signature: Date:		•
25. 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): Dorsey Rogers Title: Field Superintendent Date:		ngitude NAD: □1927 □ 1983
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): Dorsey Rogers Title: Field Superintendent Date:		
belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print):	Operator Closure Certification:	
Signature:		
Signature: Date:	Name (Print):	
e-mail address: dorseyrogers@aol.com	Signature:	Date:
	e-mail address:dorseyrogers@aol.com	







4311 Monica Lane, Carlsbad, NM 88220

Phone 575-236-6012

Fax 575-236-6063

Cell 575-361-3217

bandr@pvtnetworks.net

January 25, 2009

Cimarex Energy Co. P.O. Box 140907 Irving Texas 75014-0907

Re:

Cimarex Energy Co.

Yorktown 12 Fee 1 – Final Drying pad Closure

Yorktown 12 Fee 1

API: 30-005-28004

Sec 12-T-15S-R-31E

Depth to Ground Water: 235' O.C.D.

Planned Analytical Testing: Chlorides, BTEX, TPH Primary Land Use: Ranching and Oil & Gas Production

Pursuant to Paragraph (1) of Subsection D of 19.15.17.13 NMAC of the New Mexico Oil Conservation District of the State of New Mexico regulatory requirement for drying pad closure, please accept the following documentation for final closure of the drying pad for the aforementioned location.

All drill cuttings were transported to Controlled Recovery, Inc. of Hobbs, New Mexico (Permit number NMOCD R 9166 / NMED DP818). Upon transferring all drying pad contents to C.R.I., field tests were performed on the soil within in the confines of the original drying pad. The analytical results of Chloride delineation, BTEX 8021B/602/8260B/624, and TPH 8015 GRO/DRO/TVHC of the impacted material are attached.

Soil samples were collected, prepared, and packaged per EPA guidelines and forwarded to Trace Analysis in Lubbock, Texas for official analytical testing. Please find the official analytical results attached hereto.

Soil backfill and cover design was done to meet appropriate requirements of subsection H of 19.15.17.13 NMAC. This included covering sites existing grade by applying one foot of existing topsoil to establish growth. The entire disturbed are was then contoured to prevent ponding of water and erosion of cover material. An additional 350 yards of top soil was hauled in to cover area.

Site reclamation was done to meet appropriate requirements of subsection G of 19.15.17.13 NMAC. This included reclaiming areas associated with the drying pad to a safe and stable condition that blends with surrounding undisturbed area and restoring surface area to conditions that existed prior to oil and gas operations.

Re-vegetation will be done to meet appropriate requirements of subsection I of 19.15.17.13 NMAC. This will include seeding all areas disturbed and associated with the drying pad. Seeding will be done in spring to achieve a better growth rate.

Order of events:

- 1. Received Verbal approval to excavate from O.C.D. on October 27, 2008
- 2. Began Removing mud October 28, 2008
- 3. Finished removing mud November 3, 2008
- 4. Phoenix Environmental performed field samples and continued digging until November 18, 2008.
- 5. Covered and contoured affected area with dozer on January 23, 2008.

Sampling-Performed by Phoenix Environmental

Sample #1-SW-33°01'56.2" -N-103°46'55.8"-W Sample #2-NW-33°01'56.8"-N -103°46'55.9"-W Sample #3-Center-33°01'56.5"-N-103°46'55.5"-W Sample #4-NE-33°01'56.8"-N-103°46'55.2"-W Sample #5-SE-33°01'56.2"-N-103°46'55.1"-W Background Sample-33°01'55.4"-N-103°46'54.9"-W

Final Depth: 1' Below Liner

Please review the attached documentation and contact me at 575-361-2132 with any questions or concerns.

Sincerely

Rayland VanNatta B&R Trucking API #30-005-28004

Work Order: 8112626 Yorktown 12 Fee #1 Page Number: 1 of 2 UL-D-Sec. 12, T15S-R31E

Summary Report

Dorsey Rogers Cimarex 207 S. Mesa Carlsbad, NM 88220

Report Date: December 2, 2008

Work Order: 8112626

Project Location: UL-D-Sec. 12, T15S-R31E Project Name: Yorktown 12 Fee #1 Project Number: API #30-005-28004

Sample	Description	Matrix	$egin{array}{c} { m Date} \\ { m Taken} \end{array}$	$egin{array}{c} egin{array}{c} egin{array}$	Date Received
180796	1 Southwest 1/4 @ 2'	soil	2008-11-25	09:00	2008-11-26
180797	2 Southeast 1/4 @ 2'	soil	2008-11-25	09:15	2008-11-26
180798	3 Center 1/4 @ 2'	soil	2008-11-25	09:30	2008-11-26
180799	4 Northeast 1/4 @ 2'	soil	2008-11-25	09:45	2008-11-26
180800	5 Northwest 1/4 @ 2'	soil	2008-11-25	10:00	2008-11-26
180801	6 Background @ 0-6"	soil	2008-11-25	10:30	2008-11-26

		BTEX		MTBE	TPH 418.1	TPH DRO	TPH GRO
 C 1	Benzene Toluene	e Ethylbenzene	Xylene	MTBE	TRPHC	DRO	GRO
Sample - Field Code	(mg/Kg) (mg/Kg)		(mg/Kg)	(mg/Kg)	(mg/Kg)	(mg/Kg)	(mg/Kg)
180796 - 1 Southwest 1/4 @ 2'	< 0.0100 < 0.0100	0.0100	< 0.0100	< 0.0100	<10.0	< 50.0	<1.00
180797 - 2 Southeast 1/4 @ 2'	< 0.0100 < 0.0100	0.0100	< 0.0100	< 0.0100	<10.0	<50.0	<1.00
180798 - 3 Center 1/4 @ 2'	<0.0100 <0.0100	0.0100	< 0.0100	< 0.0100	200	<50.0	<1.00
180799 - 4 Northeast 1/4 @ 2'	< 0.0100 < 0.0100	0 < 0.0100	< 0.0100	< 0.0100	<10.0	<50.0	<1.00
180800 - 5 Northwest 1/4 @ 2'	<0.0100 <0.0100	0.0100	< 0.0100	< 0.0100	<10.0	<50.0	<1.00
180801 - 6 Background @ 0-6"	<0.0100 <0.0100	< 0.0100	< 0.0100	< 0.0100	<10.0	<50.0	<1.00

Sample: 180796 - 1 Southwest 1/4 @ 2'

Param	Flag	Result	Units	RL
Chloride		81.0	mg/Kg	3.25

Sample: 180797 - 2 Southeast 1/4 @ 2'

Param Chloride	Flag	Result	Units	RL
Chioride		120	mg/Kg	3.25

Report Date: December 2, 2008 Work Order: 8112626 Page Number: 2 of 2 API #30-005-28004 Yorktown 12 Fee #1 UL-D-Sec. 12, T15S-R31E Sample: 180798 - 3 Center 1/4 @ 2' Param Result Units RLChloride 107 mg/Kg 3.25 Sample: 180799 - 4 Northeast 1/4 @ 2' Param Flag Result Units RLChloride 122 mg/Kg 3.25 Sample: 180800 - 5 Northwest 1/4 @ 2' Param Result Units RLChloride 126 mg/Kg 3.25 Sample: 180801 - 6 Background @ 0-6" Param Flag Result Units RLChloride 151 mg/Kg 3.25

Page_____ of _

TraceAnalysis, Inc.

email: lab@traceanalysis.com

6701 Aberdeen Avenue, Suite 9 **Lubbock, Texas 79424** Tel (806) 794-1296 Fax (806) 794-1298 1 (800) 378-1296 5002 Basin Street, Suite A1 Midland, Texas 79703 Tel (432) 689-6301 Fax (432) 689-6313 200 East Sunset Rd., Suite E El Paso, Texas 79922 Tel (915) 585-3443 Fax (915) 585-4944 1 (888) 588-3443 6015 Harris Pkwy.. Surte-110 Ft. Worth, Texas 76132 Tel (817) 201-5260

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Company Name: Phosnix Ewilo	ONMENTAL LLC 575-391-9685											ANALYSIS REQUEST (Circle or Specify Method No.)																					
Address: (Street, City, Zip) EO BOX 1856 Hobbs, N.	* \$	1 88241 Fax#: 575-391-9687											(Circle or Specify Method No.)														,						
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