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

State of New Mexico **Energy Minerals and Natural Resources** 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 2 7 2009

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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
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: CANO PETRO OF NM OGRID#: 248802 Address: 801 CHERRY ST., UNIT #25, SUITE 3200 FORT WORTH, TX 76/02
Address: 801 CHERRY ST., UNIT #25, SUITE 3200 FORT WORTH, TX 76/02
Facility or well name: CSAUnit #533
API Number: 30-085-27985 OCD Permit Number: P1-01263
U/L or Qtr/Qtr Section 11 Township 085 Range 30E County: CHAVES
Center of Proposed Design: Latitude NAD: 🔲 1927 🗌 1983
Surface Owner: Federal State Private Tribal Trust or Indian Allotment
2.
Subsection F or G of 19.15.17.11 NMAC
Temporary: 🔀 Drilling 🗌 Workover
Permanent Emergency Cavitation P&A
☐ Unlined Liner type: Thickness 12 mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other
☐ String-Reinforced
Liner Seams: Welded Factory Other Volume: 2000 bbl Dimensions: L 100 x W 50 x D 5
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: Thicknessmil LLDPE HDPE PVC Other
Liner Seams: Welded Factory Other
4.
Below-grade tank: Subsection I of 19.15.17.11 NMAC
Volume:bbl Type of fluid:
Tank Construction material:
Secondary containment with leak detection Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off
☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other
Liner type: Thicknessmil
Alternative Method:
Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Rureau office for consideration of approval

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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, institution or church) Four foot height, four strands of barbed wire evenly spaced between one and four feet	, school, hospital,
Alternate. Please specify	
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.	
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	
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 consideration of approval. Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.	al Bureau office for
10.	
Siting Criteria (regarding permitting): 19.15.17.10 NMAC Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendation material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consider Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apparabove-grade tanks associated with a closed-loop system.	ine appropriate usince ration of approval. ply to drying pads or
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 lake (measured from the ordinary high-water mark). - 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 (Applies to temporary, emergency, or cavitation pits and below-grade tanks) - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	L NA
Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial applicatio (Applies to permanent pits)	on. 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 structure attention purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial appli NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site 	ock ication.
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordin adopted pursuant to NMSA 1978, Section 3-27-3, as amended. - Written confirmation or verification from the municipality; Written approval obtained from the municipality	nance Yes No
Within 500 feet of a wetland. - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed s	☐ 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 Geologi Society; Topographic map	ical Yes No
Within a 100-year floodplain FEMA map	☐ Yes ☐ No

Permit 42

All Construction brooks

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n. Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachn Instructions: Each of the following items must be attached to the application. Please ind	nent Checklist: Subsection B of 19.15.17.9 NMAC licate, by a check mark in the box, that the documents are
 attached. Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragra Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements Siting Criteria Compliance Demonstrations - based upon the appropriate requirement 	aph (4) of Subsection B of 19.15.17.9 NMAC of Paragraph (2) of Subsection B of 19.15.17.9 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. Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the a	17.12 NMAC
and 19.15.17.13 NMAC	T.
Previously Approved Design (attach copy of design) API Number:	or Permit Number:
12. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15. Instructions: Each of the following items must be attached to the application. Please in	5.17.9 NMAC dicate, by a check mark in the box, that the documents are
attached. ☐ Geologic and Hydrogeologic Data (only for on-site closure) - based upon the require ☐ Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon th ☐ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC	ne appropriate requirements of 13.13.17.10 1000 to
Operating and Maintenance Plan - based upon the appropriate requirements of 19.15 Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the and 19.15.17.13 NMAC	appropriate requirements of Subsection C of 19.15.17.9 NMA
Previously Approved Design (attach copy of design) 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 clo	suej
attacked. Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection Siting Criteria Compliance Demonstrations - based upon the appropriate requirement Climatological Factors Assessment Certified Engineering Design Plans - based upon the appropriate requirements of 19	nts of 19.15.17.10 NMAC
Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 N Liner Specifications and Compatibility Assessment - based upon the appropriate re Quality Control/Quality Assurance Construction and Installation Plan	ements of 19.15.17.11 NMAC
Operating and Maintenance Plan - based upon the appropriate requirements of 19.1 Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements Nuisance or Hazardous Odors, including H ₂ S, Prevention Plan Emergency Response Plan	5.17.12 NMAC ents of 19.15.17.11 NMAC
☐ Oil Field Waste Stream Characterization ☐ Monitoring and Inspection Plan ☐ Erosion Control Plan	i :
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 Type: Drilling Workover. Emergency Cavitation P&A Permaner	
☐ Alternative Proposed Closure Method: ☑ Waste Excavation and Removal	
☐ Waste Removal (Closed-loop systems only) ☐ On-site Closure Method (Only for temporary pits and clo ☐ In-place Burial ☐ On-site Trench Burial	sed-loop systems)
Alternative Closure Method (Exceptions must be submitted)	ted to the Santa Fe Environmental Bureau for consideration)
Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructional Plane Plane Plane Plane indicate, by a check mark in the box, that the documents are attacked Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13	ched.
Confirmation Sampling Plan (if applicable) - based upon the appropriate requiremed Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cu	ents of Subsection F of 19.15.17.13 NMAC
Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection I of 19 Site Reclamation Plan - based upon the appropriate requirements of Subsection G	9.15.17.13 NMAC

16. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if m	NMAC) nore than two
facilities are required.	
Disposal Facility Name: Disposal Facility Permit Number:	
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 serv Yes (If yes, please provide the information below) \(\bigcap \) No	ice and 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 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	
17. 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 sour provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justif demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.	ici ojjice oi nimy ve
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 ☐ NA
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 from nearby wells	☐ 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 from nearby wells	☐ Yes ☐ No ☐ NA
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. - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☐ No
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; 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
On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure p by a check mark in the box, that the documents are attached. 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/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19 Protocols and Procedures - based upon the appropriate requirements of 9.15.17.13 NMAC Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC Waste Material Sampling Plan - 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 or in case on-site closure standards cand Soil Cover Design - 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	.15.17.11 NMAC

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9. 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.
i nercoy certify that the information submitted with this approximation is used, account to the state of the
Signature: But Brookshire Title: Operation March Date: 1/23/29
Signature: 1/2 2/29
ngiauto.
e-mail address: Telephone: 575 +5 13 - 0286
e-mail address: 1elephone: 3/575/53000
20.
OCD Annual Denit Antionion (including closure plan) V Closure Plan (only) D OCD Conditions (see attachment)
OCD Representative Signature:
ritle: ENVIRONMENTAL ENGINEER OCD Permit Number: 17-01265
21. Subsection V of 10 15 17 12 NMAC
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:
22. Classure Mathoda
Closure Method: Waste Excavation and Removal On-Site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only)
☐ Wasie Excavation and Removar ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ Wasie Excavation and Removar ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ Wasie Excavation and Removar ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ Wasie Excavation and Removar ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ Wasie Excavation and Removar ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ On-Site Closure Method) ☐ On-Site Closure Method ☐ Pilethiat (Closure Method) ☐ On-Site Closure Method) ☐ On-Site Closure Method ☐ On-Site Closure Method ☐ On-Site Closure Method) ☐ On-Site Closure Method ☐ On-Site Closure Method ☐ On-Site Closure Method) ☐ On-Site Closure Method ☐ On
11 unicient nom approved plant, piedse expirant.
23. W. J. G.
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 that
two facilities were utilized.
Disposal Facility Name: Disposal Facility Permit Number:
Disposal Facility Name: Disposal Facility Permit Number:
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?
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) \(\bigcap \) No
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) \(\bigcap \) No
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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:
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)
Disposal Facility Name: Disposal Facility Permit Number:
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
Disposal Facility Name: 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)
Disposal Facility Name: 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)
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 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)
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Disposal Facility Name: Disposal Facility Permit Number:
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 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) 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
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 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) 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)
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 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) 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)
Disposal Facility Name:
Disposal Facility Name:
Disposal Facility Name:
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) Re-vegetation Application Rates and Seeding Technique
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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) Re-vegetation Application Rates and Seeding Technique
Disposal Facility Name:
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 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) 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

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SWEATT CONSTRUCTION INC.

POST OFFICE BOX 827 ARTESIA, NEW MEXICO 88211-0827 (505) 748-1238 - FAX (505) 748-1230 Hobbs, New Mexcio (505) 397-4541 1-800-530-8293

GENERAL DIRT WORK
OIL FIELD ROADS - PITS - LOCATIONS

ATTACHMENT

Waste Excavation and Removal Closure Plan

For

Cano Petro of NM

CSA Unit # 533

- Disposal Name and Permit # Gandy Marley, Inc. NM 21-01-0019
- Soil Backfill Operator will backfill 3 feet of clean material and 1 foot of top soil.
- Re-vegetation Plan Operator will re-seed site with seed mixture consisting of (3) native plant species and (1) native grass.
- Conformation Sampling Plan Operator will supply test results from a (5) point composite sample from pit area; to include: *BTEX

*TPH 418.1

*TPH 8015M

*CLORIDES

• Site Reclamation Plan – Operator will comply with requirements of NMOCD guidelines in subsection G of 19.15.17.13 NMAC.